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*Albany, N.Y.*





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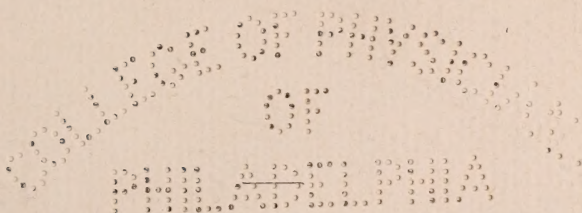
# THE CRITIQUE

VOLUME VII.

1900

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EDITORS.



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## \*Suggestive Therapeutics.

By David A. Strickler, M. D.

---

The subject of suggestive therapeutics is one of such wide scope, of so many phases, and one so little understood by the mass of physicians, that it is hard to determine what phase to present in a short paper before a mixed audience of physicians and medical students.

I have determined to give a brief outline of its present status, of some facts established by the investigations, and to suggest a few thoughts that may be of use to the physician in his work, as well as helping him to account for some apparent contradictions in medicine.

History, from its beginning, shows the ability of one person to influence another at will: the production of trances by the Indian fakirs and Yogis; the induction of deep sleep by Greek and Roman priests; the laying on of hands for the relief of pain and disease by the Jews and early Christians; the King's touch for cure of scrofula, and any amount of evidence of suggestion, in one form or another, influencing the whole trend of nations, but all without any definite system until the end of the middle ages, when Paracelsus (1530) formulated a system based upon the doctrine of the influence of stars on man and his diseases. Out of this doctrine, put forth by astrologers, came the teaching that men mutually influence one another.

The immediate antecedent of suggestive therapeutics as we now understand it was Mesmer—born 1734—who systematized and brought into general notice the theory of animal magnetism,

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\*Read before the Denver Homeopathic Club, Nov., 1899.

defining it as a "quality of animal bodies rendering them susceptible to the influences of heaven and earth."

To James Braid, an English surgeon, is due the credit of first making a scientific study of Mesmerism in 1841, and of declaring that the effects of Mesmerism were psychical and not physical as before held. He first applied to it the term hypnotism. To Braid is due two important discoveries—first, that fixed gaze will produce hypnosis; second, the suggestion of attitude, viz., that a hypnotized person placed in the attitude of prayer will pray; placed in an attitude of anger his face will show anger, etc.

To Liebault, who began his studies in hypnotism in Paris, and afterwards moved to Nancy, where he, together with Bernheim and others, established the school of Nancy, is due the credit of founding suggestive therapeutics as we understand it to-day. He was the first to recognize the value of and to systematically apply suggestion as a therapeutic measure. His book, published in 1866, gives the results of his work, and should be read by those studying this question.

In 1878 Charcot, at Salpetriere, drew attention to the physical states of hystero-epileptics in hypnosis. He operated on hysterical patients almost wholly, and produced hypnosis by violent and startling methods, such as striking a gong, flashing a strong light into the eyes of the patient, etc., and thus produced marked artificial neuroses. He established a school, sometimes called after himself, but mostly known as the school of Salpetriere. Charcot's results are of value in the scientific study of hypnotism, but nearly barren in therapeutic results. Between the schools of Nancy and Salpetriere there had been a bitter contest, but Charcot lost his bitterness before his death and recognized the claims of the school of Nancy, which, because of its mild and soothing methods, is preferable for therapeutic uses.

At the present time there are three separate and distinct schools of hypnotism.

*First*—Those who believe in animal magnetic fluid, or mesmerism.

*Second*—Those who believe with Charcot and follow his methods.

*Third*—Those who believe in and follow Liebault's method.

Time does not permit stating the methods of producing hypnosis, and for our present purpose it is not necessary that this part of the subject be taken up.

All persons are more or less suggestible in the waking state. In hypnosis this suggestibility is greatly increased. To show the extent to which it may be and has been increased by different observers, is to show to what extent the mind may and does control the body, whether generally recognized or not.

The phenomena of hypnosis differ greatly, varying from those of inhibited and continued motions with a few sense delusions in light hypnosis, to a change of pulse rates, respiration and temperature of the body, hyper-acuteness of the senses, the production of anaesthesia of any part or the whole of the body, the control of the functional activities of the liver, kidneys, stomach, intestines, etc., in deeper hypnosis. Under the first comes the inability of the hypnotized subject to raise the arm or to stop it when set in motion, to close the mouth or do any one of a hundred or more things when he is told that it cannot be done.

Under acuteness of senses is the well-known experiment of Charcot, in which the subject is shown one of a pack of blank cards and told that upon it is the portrait of a well-known person. The card, marked upon the reverse side, is shuffled with the rest, but is instantly picked out by the subject,—he detects a difference in cards not noticed by others and sees upon the card the suggested portrait. A whispered word and a person's voice is recognized at an incredible distance; an object handled by different persons is recognized by the sense of smell; the detection of flavors not recognized by a person in the waking state, etc.

Under the head of anaesthesias are the suppression of special senses, in which condition strong ammonia may be held under the subject's nose without his showing any sign of discomfort; strong onions covered with cayenne pepper eaten with pleasure; candles and soap thought dainties, and Scotch snuff causes neither sneezing nor watering of the eyes. Wherein does this differ from

the anaesthesias of hysteria? Also the anaesthesia produced for surgical purposes, as the extraction of teeth, stitching of wounds, setting fractures, reducing dislocations, opening abscesses, and even the amputation of limbs without pain.

The above facts are well established, and can be demonstrated on any good subject at will of the operator. Much more startling statements might be made on good authority, but enough has been given to show that there is psychic power in man which presides over the functions, sensations and conditions of the body, and that this power may, under certain conditions, be directed at will for the relief of the various ills of mankind.

Many systems of cure, all of which can adduce evidence of positive results, have been founded upon this psychic power. The theories advanced have been many and differed widely, but all based on the fact of psychic influence on the physical body. As a result we have to-day the Christian Scientists, who claim that mind is all, that disease has no existence, and should be ignored and denied.

The Mind Curists, who teach that "all diseases are conditions or states induced by abnormal conditions of the mind," and believe that these conditions may be cured or corrected by the power of the healer's mind.

The Faith Curists, who believe that religious faith will save man from sin and sickness.

The Spiritualists, who believe that the shades of the departed dead will return from the spirit world and cure the sick.

The Mesmerists, who teach that there resides in man a magnetic fluid which can be projected, at will of the operator, upon another person and thus cure him.

The Suggestive Hypnotist, who induces sleep, or hypnotism, and then places suggestions that will enable the subject to overcome his sickness.

They each and all have well authenticated cures to their credit, and we, as physicians, owe it to ourselves and to our patients to determine what element of truth lies in their claims; to what, if to any one fact, may be credited their good results. I believe the success of one and all to be due wholly to *sugges-*

tion that the patient will get well ; that faith is the keynote of all psycho-curative systems. I believe with Paracelsus, that "It is faith which gives power, unbelief is a destroyer. Whether the object of your faith be real or false, you will, nevertheless, obtain the same good results. Faith produces miracles, and whether it is true or false faith, it will always produce the same wonders."

It is this faith suggested by the enthusiasm of men following new fads, which leads to such good results from remedies and agencies later found to be useless.

I believe suggestion is the keynote to all mental therapeutics, because I do not know a single *fact* demonstrated by the Christian Scientists, or any other school of mental therapists, that cannot be duplicated by mental suggestion. All persons are subject to suggestion—some more, some less. Every successful physician uses, consciously or unconsciously, strong suggestion in his practice. It may be in his bearing, in his actions, or in his words. It matters not, so long as the patient receives the suggestion. The difference between a successful and an unsuccessful physician often lies in the fact that the one uses suggestion, consciously or unconsciously, while the other is negative.

Physicians have long unconsciously used this power in ordering quiet, cheerful surroundings, and when they try to gain the confidence of the patient. If good comes from unconscious use of a power little understood, how much better that we study it and use it consciously and intelligently.

There are no hard and fast rules laid down for the application of suggestion as a therapeutic measure. The idea of cure should be impressed on the patient's mind, until hope and expectation are aroused. With these comes faith in the means used to cure. The power to produce this faith is to some extent a natural endowment, but, like any other power, may be cultivated.

The therapeutic power of suggestion in the waking state is much greater than we physicians give credit, and our failure to recognize it to the extent we should, gives Christian Scientists and other mental therapists all the hold on the public they

have. How many times our patient's illness dates back to some sorrow, loss or mental shock, in which psychic influences alone produced disease, and in which psychic influences will be most potent for good. Much, and at many times, all that is necessary can be done by suggestion in the waking state for these cases. When the impressions are too deep to be reached during the waking state, use can be made of natural sleep or induced hypnosis, under which more marked and lasting impressions can be made.

Time will not permit me to go into detail nor to cite instances of cures, any number of which might be cited; but I trust this presentation of the subject may lead those of you who have neglected to use suggestion in your practice to look into it and use it discriminately and intelligently. I do not mean to advise that the physician become an avowed and practical hypnotist. The subject is not sufficiently understood by the people for this, and it is not necessary for the successful use of suggestion that he so declare himself; but he can and should use suggestion with proper discrimination, for the good both of his patient and of himself. In this way only can the false theory of the Christian Scientists and others be shown for what they are, and the sick and afflicted held by the physician capable of administering to the needs of both the body and mind diseased. The Christian Scientists and others have but a portion of the truth. Let not the same be truthfully said of us!

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## GENERAL MEDICINE.

Conducted by W. A. Burr, M. D.

---

A boy aged seven had been taking Piso's Cough Cure and Paregoric for a protracted bronchial cough, and was growing steadily worse. When I saw him he had become dazed and stupid, with a temperature of 102°. *Belladonna* would have been the antidote, but the cough was a *bryonia* cough, and this remedy was given. Improvement promptly followed, the cough became

loose, the fever subsided, and *hepar sulph.* 3x completed the cure. The Paregoric and Piso's Cough Cure were evidently working harm in this case.

A man aged 36, in the third stage of Bright's Disease, an exploratory incision showing the left kidney to be in the interstitial stage, had dark tarry stools. *Leptandria* 1x, one drop each hour for a few days, changed the character of the stools to nearly normal, and at the same time increased the flow of urine, and improved the condition of the patient in general.

*Arsenicum* 3x and *phosphorus* 3x cured a case of *herpes labialis* in a young man of 20. The vesicles and crusts were dark brown and even black. He was subject to nosebleed. At this time he was very much depressed in spirits, but had no fever. Twelve months previous he had a similar but lighter attack, and another six months ago. In both these attacks the general symptoms were the same as in this one. Both the vesicles and the following incrustations were very dark.

This was apparently a case of hemophilia with the herpes, the bleeding vessels discharging their contents into the vesicles making them and the resulting crusts very dark.

A single woman, aged 27, came to Colorado from Illinois, where she was subject to frequent attacks of intestinal catarrh. The least cold or error in diet would be followed by a troublesome diarrhea resisting the therapeutic efforts of her old school physician. She finally came to Colorado, hoping to find relief from her annoying trouble.

When I saw her she had six to eight stools daily of a yellowish-brownish and watery character, which would be provoked by taking a little nourishment or standing on her feet. The stools were attended by a slight cutting pain and the escape of some gas. No prominent organ of the body was greatly affected, but her complexion was somewhat sallow.

*Colocynth* 3x and *Podophyllum* 3x controlled the diarrhea in a few days. Prostration and general weakness followed, but *arsenicum* and *china* soon relieved her of these, and now, after six weeks, she feels quite well.

Climatic influences doubtless aided the remedies, but I think they alone would have effected a cure.

A girl, aged 11, who had been subject to chorea for three years, came to me with the single symptom, twitching and jerking of the eyeballs. A brief examination showed that vision in her left eye was practically normal. With the right eye she would see a yellowish or bluish halo, with rays, surrounding nearly every object she looked at. There also appeared two or three, and sometimes as many as seven, images for every object, these images appearing in a horizontal row. She also had frequent and severe itching of the nose.

This last being a good indication for *cina*, this remedy was given in the 2x, a dose every two or three hours. In three days the twitching of the eyes disappeared, also the ocular illusions, but there followed a little shrugging of the left shoulder.

A higher potency might have been given with even better results.

B.

### Skin Cures With High Potencies.

The November number of the "Hahnemann Advocate" was largely devoted to the medical treatment of skin diseases. Cures were reported as follows:

*Felon with silica cm and sulphur cm.*

*Felon with hepar sulph 90c, silica 90m and aconite 9m.*

*Necrosis with silica m and asafetida.*

*Sebaceous tumor with baryta carb. 1m.*

*Eruption on the hands with rhus tox. cc.*

*Vesicular eruption with rumex 30x.*

*Ponaritium with hepar sulph 150m.*

*Threatened suppuration with belladonna 90c and hepar sulph.*

90c.

*Warts with verucinium cm.*

*Puerpural Mania, following a repelled eruption, with arsenicum 30 and rhus tox. 30.*

*Eczema with sepia cc.*

*Eczema* with *graphites* 30x.  
*Acne vulgaris* with *sanicula* cc.  
*Bromidrosis* with *carbo veg.* cc.  
*Herpes zoster* with *rhus tox.* 30x.  
*Eczema* with *sepia* cc.  
*Urticaria* with *myrica cer.* 6x.  
*Urticaria* with *sepia* 30.  
*Erysipelas* with *graphites*.  
*Erysipelas* with a high potency of *ammonium carbonate*.  
*Phagedenic ulcer* with *comocladia* 30x.  
*Urticaria* with *urtica urens* 30.  
*Eczema* with *graphites* 30.  
*Eczema capitis* with *lycopodium* 30.  
*Eczema rubrum* with *sulphur* high.  
*Eczema capitis* with *graphites* 1m.

It is needless to say that these remarkable cures were effected only with very careful prescribing and strictly in accord with the law of *similia*.

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### \*Ichthyosis.

By W. F. Conner, M. D.

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Five years ago last April I was called to a confinement case. In a few hours she was delivered of a male child. The skin of the child was as thin as tissue paper, and was irregularly divided by fine cracks all over the body. The eyes were inflamed and swollen. For the ophthalmia the usual treatment was given and the skin was well oiled. Between the folds of the skin a zinc ointment was applied for the irritated condition. This treatment was continued for a week, and finally a specialist was called in to treat the eyes.

During the following two years several physicians,—among them some dermatologists,—treated the child for the diseased skin without any good results. By this time the skin resembled the scales of a fish, which came to be even one-fifth of an inch

thick on the face. I saw the case occasionally, but gave no medicines. The parents becoming discouraged gave up all treatment as well as all hope, so that for the last three years no physician has been consulted. During this time the case has grown worse and worse.

Two years after the birth of this child, I again attended the same mother in confinement, when she gave birth to another male child affected the same way, but even worse than the first. Fortunately this child died when only a week old.

A year ago the same mother again became pregnant and came to me with tears in her eyes begging me to do something for her if I could. She was unwilling at first to take medicine, but finally agreed to do so, when I gave her some Aletris cordial, and mercurius vivus, which she took much of the time during the whole period of gestation. Instead of the mercurius vivus she took mercurius iodid or apis mel, a portion of the time. She also took some magnesia phos. to relieve an occasional abdominal pain.

In due time she gave birth to a female child with a normal skin. There is no trace of skin disease, the eyes are perfect, and the child, now three months old, has not been ill a day, and there is happiness in that family.

I am now treating the older child, the parents having come to believe there *is* virtue in *some* medicines.

I would like to ask: Did my treatment bring about this change or was it the result of natural causes? Did the sex of the child have anything to do with the case?

The same mother has two sons, one aged twenty years, the other twelve, who have no skin disease whatever, and who are healthy in every respect.

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The older child has evidently the rare cutaneous disease called "ichthyosis hystrix," and it is not improbable that the ante-natal treatment had at least something to do in giving to the infant a healthy skin.

## Iodide of Stannum in Tuberculosis.

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Dr. Oliver S. Haines, as reported in the "Hahnemann Institute," thinks *iodide of stannum* often preferable to *stannum* for tuberculosis. He uses it where the patient has a clear complexion and long eyelashes, and where the progress of the disease is rapid. He reports a case where the *iodide* was used in the 2x where there was "a marked tubercular affection of the chest, increased vocal fremitus, an abundance of thick, yellow and sweetish sputum, sweat at night, and rapid emaciation." He considered the results of the remedy as most encouraging.

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## MATERIA MEDICA.

Conducted by E. Jay Clark, M. D.

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### Kali Phosphoricum.

By Horace T. Dodge, M. D., Denver.

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If asked the question, "What remedy do you consider the most important in our Materia Medica?" I would unhesitatingly answer, "Kali Phosphoricum." It is the most important because it is indicated in a greater number of conditions than any other, and when the action of this wonderful curative agent becomes known, and we are certain of its physiological effects in detail, and are enabled to know just to what extent it can safely be administered, then will the world hear of the most brilliant cures which have been made in the history of medical science. When Kali Phosphoricum is taken regularly every fifteen minutes for several hours a delightfully pleasant sensation is experienced, one of supreme content, with a disposition to dream on and on indefinitely. It reminds one of the description of the Turk who, with the companionship of his pipe, will peacefully gaze into space for hours, with the exception that all the pleasure derived from his tobacco he pays for dearly in the resultant state of de-

spondent depression. Through the administration of Kali Phos. there is manifested an exhilaration not unlike the effects of the first glass of champagne, but without its after disagreeable results. Unlike the stimulus of alcoholic mixtures, such as tonics, wine, beer, whiskey or brandy, there is no clouded mental condition or thickened speech. The stimulating action of tea is one which increases the heart's action, but the consequent resulting effects upon the system are depressive. Not so with Kali Phos. It does not in the least depress the heart or other organs, does not perceptibly increase or decrease the beating of the pulse, but seems to confine its sphere of operation upon the brain or spinal cord, and when the drug is taken frequently there is experienced an increasing exhilaration, beginning at the base of the brain and spreading gradually through to the frontal lobes. This condition after a while becomes one best described as a peculiar lightness of the brain. If the remedy is taken faithfully for a few hours, a characteristic nervous condition will arise, seemingly beginning in the spinal cord and extending to the arms, thence down the spine to the lower extremities. There will be a desire for greater activity, but strange as it may seem, the heart's action is unimpaired. The brain is clear and the desire for thought and study is greatly pronounced, and it is surprising the amount of mental labor that can be accomplished through the use of this drug. There is a complete loss of weariness. A few doses will ward off "that tired feeling" and greatly aid the waning powers to recuperate, so one can complete the task laid out before one, and and also have the assurance that a good night's rest is a certainty, something which cannot be said of tea, coffee, tobacco, alcohol, tonics, etc. It is a fact that Kali Phos. has its specific action upon the gray matter of the brain, entering into its composition and repairing the waste consequent upon the expenditure of vital force through any mental exertion. We know that the gray matter contains Kali Phos., and those who are subject to mental exhaustion, or are unable to perform their work after a certain time, are mentally reinforced by the use of a few doses of this remedy. Search medical lore through and through, you will find not one remedial agent to take its place, nor is there one

which can near approach it in usefulness; and what is a singular fact, but very little is written about it. Its homeopathicity is plain, and it will be found indicated in all cases of debility, especially where there are evidences of a loss of vital fluids, excessive mental exertion, brain fag and a lowered vitality, consequent upon running the human machine at too high rate of speed, causing a breaking down of the various tissues and organs of the body. It is essentially a homeopathic remedy, recommended by Homeopaths and discovered by them, and, like many of our remedies which have been brought to the front by our Allopathic brethren, will not long remain in obscurity, and as the discovery of ether as an anæsthetic is pronounced the greatest medical triumph of the nineteenth century, and to commemorate its birth has been erected in Boston one of the most magnificent monuments in America, so when the greater benefits which will arise through the use of Kali Phosphoricum, when its value as a therapeutic agent becomes generally known, there will be builded a grander one, a record to preserve its memory, in the cures which will daily be performed throughout the world. It is a positive cure for the "blues," for it is impossible to have an attack if the balance of supply and waste of Kali Phos. is kept up in the gray matter. Give it to your worn out nursing mother, who are tried almost to distraction with nervous babies, and you will be doing a great service, and enable her to stand tenfold more disturbance and annoyance, and be the means of quieting the child through the increased nourishment supplied. She will bless you. Give it to the overworked business man, and he will tell you in a short time that he is able to perform double the amount of work without fatigue. Give it to the tired professional man, and notice the marvelous change you will have wrought. The special indications for its use are, a foul breath, tongue coated with a brownish, mustard-like coating. A dull, heavy aching between the shoulders, extending to base of brain, worse while standing, better on lying down, restlessness, inability for mental work, conditions of debility and all complaints having foul odoriferous excretions. Whenever you find a foul breath you will have a nervous condition below par, and whether from biliousness, catarrh,

or indigestion, or a condition simulating typhoid fever, Kali Phos. will be found greatly beneficial, and in many cases the only medicine required. If used faithfully and conscientiously in the higher potencies, the best results will be obtained.

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## SURGICAL DEPARTMENT.

Conducted by J. Wylie Anderson, M. D.

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Dr. F. E. McCurtain, of Mammouth, Arizona, in a recent letter, informs THE CRITIQUE that he is quite busy, having many surgical cases. In a recent case of fracture of the frontal bone, with depression, he trephined and elevated the depressed bone with complete success. The patient regained consciousness and is doing well. Good work to do with no other doctor to assist.

E. L. Paulding, in the "Medical Council," says: "In the treatment of Cysts, Hydrocele, etc., I first evacuate through a small canula, such as comes with a pocket aspirator, then inject equal parts of carbolic acid and tinct. of iodine. There is very little pain experienced, and that is short lived. I inject from half a dram to two drams, owing to the size of the cavity. I have never failed to get a cure. Sometimes not a drop of the fluid will run out again, but I don't worry. It does no harm, and the resulting inflammation is slight, for the germs are all killed and the lymph thrown out takes care of my strong injection.

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### Surgical Treatment of Habitual Criminals.

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A. J. Ochsner, M. D., proposes the resection of the vasa deferentia just below the external abdominal ring, and sums up the "advantages of dealing with male habitual criminals in this manner," as follows:

"1. It would do away with hereditary criminals from the father's side. 2. Aside from being sterile, the criminal would re-

main in his normal condition. 3. This method would protect the community at large, without harming the criminal. (A ten-minute operation under local anesthesia.) 4. The same treatment could reasonably be suggested for chronic inebriates, imbeciles, perverts and paupers."—*Woman's Medical Journal*.

### A Simple Means of Uniting the Intestine by Suture.

By DR. J. THIENOT (*Rev. Ill. d. Polytech. Med. et Chir.*, May 30, 1899).

The author describes a simple and apparently practical means of uniting the intestine by suture. It consists of a rolled visiting card inserted into the divided ends of the intestine, and as it has a certain resiliency, as soon as it is released by the fingers it fills the lumen of the intestine and permits of an accurate adjustment of the sutures. It belongs to the same class of aids as bone plates, sections of carrots and potatoes, rubber rings, inflatable rubber bags, etc. The mere enumeration of these various devices would occupy a very considerable space, but they all serve substantially the same purpose, merely allowing of a more ready adjustment of the sutures and a more perfect coaptation of the divided ends of the intestines. It is probable that the device of Criel is as good as any of its class, and it certainly has the merit of great simplicity.

## GYNECOLOGY.

Conducted by S. S. Smythe, M. D.

### Direct Ligation of Vessels in Coeliotomy.

Gubaroff (*Centralblatt für Gynakologie*, 1899, No. 30) argues against the use of mass ligatures, believing that bleeding vessels should be caught and ligated as they are divided. The advantages claimed are: 1. The operator can see exactly what tissues

he is cutting because their anatomical relations are not so distorted as they are when they are included in ligatures; in conservative operations particularly this is a marked advantage. 2. Only vessels which actually bleed are tied, hence there is no possibility of their slipping subsequently; there is less danger of including nerves, ureters, etc., in the ligatures. 3. Adherent tumors are quickly freed by rapid division of the tissues without preliminary ligation. 4. By this method of direct hæmostasis much time is saved and the operation is performed with precision and safety.

The writer adds that large vessels, such as the ovarian and uterine, are, of course, caught by forceps as soon as they are divided. Venous hemorrhage, as Doyen has shown, is best controlled by tying the accompanying arteries.

### Satmulī.

Gangadin, B.Sc., M. D., of Hyberabad, India, reports that the fusiform tubers of this plant, which are innumerable, are used in medicine. It can be rightly called woman's friend, as its action is chiefly on the generative system of women. The following is its action on the system of females:

(1) It produces normal quantity and quality of menstrual fluid, and so cures dysmenorrhœa, vicarious menstruation, and some forms of menorrhagia.

(2) It gives great tone to the generative system of women, and so indirectly cures leucorrhœa and other vaginal discharges.

(3) It gives tone to the ovaries, and so they produce healthy and mature ovums. Owing to this, it has often been found a curative of sterility or barrenness when the cause of which was either in the disordered state of the ovaries or the production of weak and immature ovums.

(4) It has the power of stimulating the lacteal glands of the female breast, and so produces more milk, because it is a medicine for agalactia.

It also gives a general tone to the whole body; and so is a most useful medicine for women in renovating their systems after parturition or nursing. If given after parturition, and continued for some time, it wonderfully strengthens the system, especially the generative, and produces enough good milk for her baby. It keeps her from becoming weak from suckling or other causes producing debility at such periods.

It is a harmless medicine, and can be used for months with profit. It is taken in doses of 30 or 40 grains, twice or thrice a day. It can be prepared in the form of fluid extract. It is much used in India by the native physicians. Its properties are enhanced by the use of butter.—*Hahnemannian*.

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### A Speedy Method of Dilating a Rigid Os in Parturition.

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J. FARRAR (*British Med. Jour.*, September 17, 1898) reports a method for the quick and painless dilatation of a rigid os, which he discovered quite accidentally in attending a primipara, who had been in labor some forty-eight hours. The os was still thin, rigid, and obstinately unyielding, the margin feeling almost like a circle of sheet tin, and the opening not more than an inch in diameter. All attempts at stretching it, either with the finger or a dilator, both with and without chloroform, had been unavailing. India-rubber bags were tried with no success, as also chloral, bromide, morphine, etc. The pains were strong and persistent, and the patient was despondent and exhausted. It was determined to incise the cervix, and as the patient's condition did not admit of the further use of chloroform, a ten-per-cent. solution of the hydrochloride of cocaine was prepared. A cloth was saturated with this and applied to the cervix inside and out, and left for four minutes between the margin of the cervix and the foetal head. At the end of that time, on introducing the scissors, it was found that not only had the rigidity disappeared, but the os was widely open and as distensible as a rubber-bag.

It seemed certain that cocaine was the cause of the rapid softening and dilatation, but fearing that it might have been a coincidence, the writer waited until he had tried it upon four other cases, one being a primipara over forty years of age. In every case the effect was the same, the painless and complete dilatation of the os in from four to five minutes. In one case it was used simply to ascertain its effect, for although the os was rigid, the patient was young and vigorous, and there was no cause for anxiety or haste, but by its use the first barrier to delivery was painlessly removed, and the time of labor shortened by many hours.

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## EYE, EAR, NOSE AND THROAT.

Conducted by David A. Strickler, M.D.

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### The National Recognition of Eye Strain Reflexes.

By George M. Gould, M. D., and Helen Murphy, M. D.

[Annals of Ophthalmology, October, 1899.]

In order to estimate the proper recognition by Continental, English and American specialists of eye-strain reflexes, we have consulted the more recent text-books, and get the following conclusions :

“The results of our comparative review of the ophthalmic text-books seem to show us:

1. The fallacy of the old proverb *Ex oriente lux*. In the first place, it is the Tuton and not the Latin who first discovered the fundamental optic laws upon which is based the knowledge of the facts and results of eye-strain. On the other hand it is almost solely the most western, the practical American, who has developed and put to use the application of the facts which constitute their value, and which in itself amounts to a discovery of tremendous importance in applied therapeutics, and in the relief of human suffering.

2. The slowness with which medical discovery, at least in this special department, is brought into the authoritative text-books. In the Latin countries the writers of the text-books seem scarcely to have heard of reflex ocular neuroses. These books appear to be made as if by machinery and by one machine. The statements are so generalized and colorless as to bear no relation to actual treatment of disease in living patients by living physicians. They remind one of the Hegelian, "Being and non-being are identical." In Germany and England hints and allusions are seen in the text-books that the organism is a unit and that organic disease may at one time have been preceded by functional causes, and that disease in one place may be caused by disease in a different part; but the half-scorned and half-ignored admissions have no effectiveness until we reach the wide-awake and thorough-going American. Even with us the frank and full emphasis is not so generally given as it should be.

3. But even when acknowledged in the specialists' text-books, the recognition and acknowledgment of eye reflexes in the books and practices of the general physician are still farther from being admitted. We do not believe we exaggerate when we say that in America itself a million patients are to-day being treated for stomachal, nutritional, nervous and other reflex disturbances, by drugs and what not, when their diseases are due to eye-strain. Every year, even in the United States, there are hundreds of articles on headache which might as well have been written a hundred years ago, so far as truth and practical value are concerned.

4. The summary of the whole matter is the lesson that as physicians we must all waken up and learn the new truth; we must keep up with the knowledge of the younger men and incorporate in the text books that which is rational and has the sanction of clinical test. We must keep our minds from ruts and habits and prejudices, must recognize that a very large proportion of disease is functional before it is organic, that it is always subtle and often far-coming, and that routine is the curse of intelligence."

### Note on the Use of Holocain.

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"Knapp Herman. (Arch, of Ophthalm. Vol. XXVII., p. 316). Holocain is as powerful a local anaesthetic as cocain, over which it has several marked advantages; it acts in a shorter time, which makes it valuable, particularly if we want to anaesthetize the iris at operations. 'Cocain, by its constriction of the blood-vessels and other tissues, sucks tissue juice and germs inward, and thus favors infection.' Holocain does not do this, as it allows free bleeding. The drying effect of holocain upon the cornea is less than that of cocain.

In all painful diseases of the outer coats of the eye cocain ought to be replaced by holocain. 'If in contagious ophthalmia we instill cocain into the conjunctival sac, we may relieve the pain, but with the tissue juice the germs are sucked deeper; not so in using holocain.' 'Holocain can be combined with topical remedies, but I would not countenance the popular combination of cocain with astringents.' In holocain, therefore, we have 'not only an excellent anaesthetic, but also a valuable therapeutic adjuvant in combination with other remedies.'—(Annals of Ophthalmology, October, 1899.)

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### Concerning the Holocain Question.

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"Hirschberg, J. (Centralbt. f. Augenh., June, 1899) says: 'Since I first had my attention attracted to the action of holocain, in June, 1897, I have performed several hundred operations, minor and major, with the help of this agent, and have not had a single accident therefrom. Holocain is not only as good as cocain but preferable thereto.'

The author prefers holocain for all operations on the eye, including iridectomies, cataract extractions and tenotomies, and excepting only enucleation, where, on account of the greater poisonous action of holocain, he has refrained from injecting it into the tissues.

"One bottle of his holocain solution having become cloudy without any apparent reason, he sent it to the discoverer, Dr. H. Tauber, who, upon investigation, concluded that the cloudiness was due to the formation of a silicate by the action of the acid holocain base upon the glass, and recommended that holocain should be kept only in bottles made of a superior quality of white glass."—*Ibid.*

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### An Additional Case of Odontalgia Dependent Upon Insufficiency of the Internal Recti-Muscles.

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"Neuschuler, Turin. (Recueil d'Ophthalmologie, August, 1899.) In describing this case Neuschuler lays stress upon the fact that owing to the obscure origin of such cases they are probably frequently overlooked, and consequently are not as rare as is generally supposed; when discovered it usually being by accident. The author's patient, who was a medical student, noticed that after prolonged application of his eyes for near work he suffered from pain in the orbit which would finally spread to the teeth, and become so severe as to necessitate a cessation of close work. Glasses had failed to relieve the trouble. The eye grounds were found to be normal the right eye being emmetropic. The left eye was myopic to the extent of one and one-quarter diopters. There was a tendency for the eyes to waver when they were fixed upon a near object. Prisms of two degrees strength, bases in, were ordered for close work, with the result that the dental pain was relieved."—*Ibid.*

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A patient, after taking Fowler's solution for upward of a year, presented a general bronzing of the skin just like that of Addison's disease. On the suspension of the drug the coloration became sensibly less.—*Journ. Belge d'Homeopathie.*

# THE CRITIQUE.

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## EDITORIAL.

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### The Elucidation of a Definition.

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The "North American Journal of Homeopathy," for December, 1899, contains a series of letters from several prominent homeopathic physicians endorsing the following definition proposed by Dr. Eugene H. Porter and adopted by the American Institute of Homeopathy at its last meeting:

"I define a Homeopathic physician as one who adds to his knowledge of medicine a special knowledge of therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right."

As showing the trend of professional opinion we submit the following extracts from the letters:

DR. WILLIAM TOD HELMUTH—"My estimation of a true Homeopathic physician is that he is one who believes in the law of cure, *similia similibus curentur*, as applicable in the treatment of the majority of curable diseases, and employs it whenever he can possibly do so, but he is also one who knows that certain diseases are incurable; that many are occasioned by mechanical causes; that others arise from chemical sources; that bacilli form the basis of many others, and, who, acknowledging that the highest aim of the physician is the cure of the sick, avails himself of many known means that the science of this latter end of the nineteenth century offers for this purpose, and uses them, if in his judgment they are necessary for the welfare of his patient. \* \* \*

DR. PEMBERTON DUDLEY—"Homœopathy is the natural, logical, inevitable outgrowth and continuation of ante-Hahnemannian medicine. It occupies the straight line between primitive and perfect medicine—if the latter is ever to be attained. It is 'the shortest distance between these two points.' The history of medicine, thus far, is the history of Homeopathy—of its preparatory, embryonic and developmental stages. And the history of Homeopathy is destined to be the history of medicine. A philosophical study of the history of medicine ought to convince any one that in a most remarkable sense Homeopathy had its beginnings in the beginning of medicine; and there is abundant reason for the expectation that it is destined to dominate all future medical annals. In view of these facts, this excessive modesty of ours is unworthy and unbecoming.

With the statement of fact contained in the above definition I am in fullest accord. But, as a formal definition to be accepted as established and authoritative, I may be pardoned for suggesting that the use of the word 'therapeutics' in the definition is narrower than the lexicographers will justify. I cannot find, as yet, sufficient warrant for limiting the word to the internal use of drugs. \* \* \*

DR. SELDON H. TALCOTT—"The Homeopathic physician is not less a doctor than his Allopathic *confrere*, but he is more of a doctor than one who is ignorant of Homeopathy, for the simple reason that he has added to all the mass of ancient learning, the knowledge of a new and effective method of applying drugs for the curing of the sick—a method which was practically undiscovered and unused until its virtues were proclaimed to the world, and demonstrated at the bedside of the sick by the immortal Hahnemann.

The Law of Similars is, we believe, immutable, but not immeasurable. There are other laws for the controlling of other forces than those which affect by disease the human body. Hence, it is right that the Homeopathic physician should not only apply the principles of Homeopathy in the treatment of the sick, but he should also consider and apply all the means of health that may be gained by the use of air and earth, of sunshine,

and of water. And he should likewise consider the effects upon the sick human being of those spiritual forces of hope, and faith, and aspiration. \* \* \*

DR. STUART CLOSE—"The significant thing about this definition is that, while claiming for the Homeopathic physician the whole sphere of medicine, it stamps him as the Pre-eminent Specialist. His specialty is as broad as his art. The whole field of therapeutics is his, and his alone by right of complete mastery. The Homeopathic physician stands in the eyes of the law and before the world as a fully-equipped and competent practitioner of medicine, in the broadest sense of the term. Medicine is the art of healing; the science of the preservation of health, and of treating disease for the purpose of cure.

It is implied in the definition under consideration that the Homeopathic physician is one who is thoroughly versed in the collateral sciences of anatomy, physiology, pathology, histology, and chemistry; that the general history, principles and practice of medicine and surgery are also familiar to him; and that these collectively form the basis of his special practical education.

The education of a physician is not complete until he has added to these fundamental branches a special knowledge of the principles and practice of Homeopathy. Thus, and thus only, is he enabled to use these sciences to the best advantage, and to fulfil his high mission of healing the sick. Beside Homeopathy there is no Art of Therapeutics. There is only blundering and ineffective labor, too often wholly spent in vain, or worse. The brushes, the pigments and the canvas are there, but the artist has not yet appeared. Specifically the Homeopathic physician is one whose treatment of disease is governed by the principles of Homeopathy, which were deduced, formulated and explained by Samuel Hahnemann in his great and immortal work, 'The Organon of Medicine and the Chronic Diseases.' \* \* \*

DR. CHAS. E. WALTON—"There is as much difference between a Homeopath and a physician as there is between a Presbyterian and a Christian. We have seen Homeopaths who were not physicians, and Presbyterians who were not Christians. We have seen physicians who were not Homeopaths, and Christians

who were not Presbyterians. But a *Homeopathic physician* is a composite of all that is good in Homeopathy and all that is good in any practice of medicine. And a Presbyterian Christian is a composite of all that is good in Presbyterianism and all that is good in Christianity.

The definition of the Institute recognizes that a Homeopathic physician is one who selects his *remedies* according to the Law of Similars, and his adjuvants according to the concensus of the best medical opinion of his age.

What more would you expect him to be? How much less can he afford to be?"

DR. ASA S. COUCH—"The wider the scope of knowledge the greater a physician's influence. Therefore, besides the religion of general culture, whatever is known or thought to be known in medicine, in toxicology, in hygiene, in physical and rational signs of disease, in physical movement, in anatomy, surgery and pathology, in a department of jurisprudence; in short, in any possible relation to his profession should be specially acquired by the Homeopathic physician—he should add them to his knowledge of a 'special system of therapeutics,' that by his power thus obtained among men he may retard the bad and advance the good of which he has knowledge"

DR. JOSEPH P. COBB—"The definition defines a Homeopathic physician, it does not dictate his practice, nor limit the application of his knowledge; it does not say that all must see alike, think alike, nor act alike: the critic who says that I do not see, think or act aright in any given instance may himself be the one in error."

DR. BENJAMIN F. BAILEY—"It is the strongest that could possibly be given, a stronghold upon neutral ground, warning our own people against any self-satisfied narrowness, against assuming aught that savors of bigotry, and an ultimatum to those of any other school, who may lay an ultra-reasonable claim to the discoveries which can in any way supplement or aid *similia* in the practice of medicine."

DR. O. S. RUNNELS—"A Homeopathic physician is a physician who has acquired the general professional knowledge

necessary in his calling, plus the special knowledge of the therapeutic law 'Similia Similibus Curentur,' and who does not fail to utilize in his service for mankind all the knowledge that he has gained—proving all things, holding fast that which is good. He is a physician who has come to know the superior advantages of the therapeutic law above cited and who applies that knowledge in his administration of drugs in the treatment of the sick."

DR. EUGENE H. PORTER says editorially—"The definition adopted by the Institute was framed in order that we might present, not only to the profession but to the world at large, an exact statement of our position and privileges in medical education and medical practice, and what we have to say should be said with emphasis so pronounced that our old-school brethren, looking up, will discover that Homeopathy and the twentieth century are about to begin their onward march. The definition, as stated elsewhere, is liberal. It does not restrict, it does not limit, nor does it dictate. It leaves no room for bigotry or mere partizanship in our own school, and denounces and denies the old, insolent and false claims of the allopathic school that they alone possess any right to general medical knowledge. Because the definition states that a homeopathic physician is one who ADDS to his knowledge of medicine a special knowledge of Homeopathic therapeutics, the knowledge of Homeopathy is not made a secondary matter.

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### The Death of Dr. Axtell.

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The untimely death of Dr. Edwin Rodarmel Axtell, which occurred on December 14th, was the sad termination of a life full of bright possibilities. As the result of an autopsy held on the body of a patient at the Arapahoe County Hospital on December 1st, he became infected; eighteen hours later he had a severe chill, followed by an unusually high temperature. After suffering intensely for two weeks he died on December 14th.

No hero of history ever endured with more bravery and fortitude the intense suffering and the mental anguish that he

experienced in the knowledge of his life work unfinished, and his ambitions unrealized.

In his death the medical profession of the West has lost a valuable man. Although young, his unusual energy and devotion to medical science had placed him well up in the ranks of his profession. As editor of the "Colorado Medical Journal" his knowledge and good judgment, together with his sympathetic nature and keen intuition, made that magazine one of the foremost journals of the West.

Fair and liberal in all things, generous and self-sacrificing to a fault, his was a clean and noble life; and his friends of the Homeopathic school mourn with his family the loss of a valued friend and of a bright star in the medical profession. C. E. T.

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### Dangers of Medicaments in Granules.

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Dr. Brouardel warns against the form of medication known as "granules," which seems to be of growing popularity in France and on the Continent generally. Having had his suspicions aroused by certain sequelæ, occurring in his clinic after the administration of granules of aconitine and digitaline, he had an agent procure specimens of granules of not only these medicaments, but of other remedies of high potency, from "a house presenting all desirable guarantees," and then had the granules separately analyzed. The results showed that some of the granules were entirely devoid of medicament, while others contained it in varying quantities from the merest trace up to a full milligram (the granules were supposed to contain a half milligram each). Not a single one, of the entire lot examined, contained the exact and proper dosage. Dr. Brouardel is therefore, for "going back to first principles," and the administration of these remedies in attenuated solution.

**Denver Homeopathic Club.**

Reported by Edwin Jay Clark, M. D., Secretary.

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The one hundred and sixtieth session was held at the Brown, Monday, November 20, with eighteen members and twenty-four visitors present.

Drs. Strickler and Pollock presented papers upon "Suggestive Therapeutics," and Dr. F. F. Laird one upon "Mental Therapeutics vs. The Fads of the Century;" and a second one upon "A Modified Salisbury Diet in the Treatment of Intestinal Indigestion."

In the discussion upon the first three papers, upon Suggestive Therapeutics Dr. Smythe brought out the fact that only a part of our patients were amenable to suggestion. The babies not being as impressible as others, and yet we get as good result with the babies as with our older patients when we make use of the aid, mental suggestion. In animals we also see brilliant results from the indicated remedy. These facts take away some of the glory that has been given to suggestion. The physician must learn to individualize his patient as well as his remedy; some are only susceptible to a club or a cathartic. We do not want to deceive ourselves. Faith in the doctor causes the patient to take the medicine and to carry out the doctor's orders; but the medicine is what cures. We should find out the substratum of truth that is in the fads, keep that and throw the rest away.

Dr. Beebe is a firm believer in the value of suggestive therapeutics. He would divide the human mind into two parts, the objective and the subjective, the objective being that part devoted to reason, and the subjective to the memory and the emotions. The receptive state is a necessity for the best use of suggestion. Through suggestion we should be able to recall at will what we have read. The mind after repeated hypnotic sleeps is not weakened but strengthened.

Dr. Burr thought that our remedies acted just as well upon children as on adults. He would divide people into two classes: those of a passive mind, who are subject to others, and the cranky

bilious temperament, which will not receive suggestion. He believes that there are some who cannot be benefited by suggestion.

Dr. Calvert said that many of those who were benefited by Christian Science were cronic drug takers, and she mentioned some cases of that character that had come under her own observation. The benefit, she believed, was due to lopping off of their drugs and giving nature a chance.

Dr. Parkhurst suggested that suggestion was not hypnotism. In its broad sense it was any impulse or idea. The fact of sending for a certain physician is a strong suggestion. Manner of the physician may cause an opposite suggestion to the first. The faith of the physician in his remedy is a suggestion that is often unconsciously imparted to the patient. People differ as to sensibility. Hypnosis is not adapted to the use of the ordinary physician. The most valuable place of hypnotism to-day is in the curing of children of bad habits. This can be suggested during the natural or hypnotic sleep. We must not mix the phenomena of suggestion with hypnotism in the neuroses. Don't begin your hypnotic study with neurotic patients. You are liable to have trouble if you begin work with an epileptic.

Dr. Harris, in opening the discussion of Dr. Laird's paper on the Salisbury treatment, said: "Seeking the cause and removing it is more applicable to the intestinal than other diseases. We must, as far as possible, get control of the patient and remove the cause that brought on the indigestion. Rest very necessary. One must know the chemistry and physiology of digestion to be able to feed intelligently and get this rest. Favors the use of the hot water, but prefers it in the form of lavage.

Dr. Beebe asked for the diet for ulceration of the intestines.

Dr. Laird replied: Animal foods and the broths. Hall method of colon flushing, using the normal saline solution. As to broths he preferred the prairie chicken broth, next mutton, then chicken, clam, veal, etc.

Dr. Freyermuth asked what Dr. Laird thought of the Salisbury method in Bright's disease.

Dr. Laird mentioned having seen eighteen cases in Salisbury's hospital, all showing good results. Had had four cases of his own with A No. 1 results. Watch closely with the microscope to prevent excess of uric acid. This may be to a certain extent prevented by the free use of the water.

On motion of Dr. Freyermuth, a rising vote of thanks was extended by the members and visitors present, to Dr. Laird for his interesting and instructive papers.

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### The Restoration of Hahnemann's Tomb.

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The total amount of contributions, received by Dr. Cartier, for the restoration of Hahnemann's tomb, is 17,424.40 francs.

The design adopted was that of Lardot, and according to Dr. Cartier's description in the October number of the "*Revue Homœopathique*," is as follows:

"The monument is composed of a central piece and two lower sides. In the centre is a pedestal, ornamented with carvings and bronze garlands, which supports Hahnemann's bust; back of the pedestal a large stela (arch) surmounted by carved emblems, and of 3 meter 80 in height; on the body of the stela is Hahnemann's epitaph; at the foot of the pedestal is read 'International Subscription.' On the sides are engraved—on the left the works of Hahnemann, on the right his sentiments.

The side of the base, on which is engraved the works and sentiments, is further ornamented with palm leaves, consols and plaques in relief, for engraving letters.

In front of the monument are double perpend stones moulded to hold a railing in antique green bronze, Greek style.

The monument will be of Scotch red granite, from Peterhead, of imperishable polish, except the sub base, which will be of Normandy granite, probably Vire.

In the agreement with the house of Lardot, the monument must be finished for the international Congress of 1900, which will be held at the Exposition from the 18th to the 21st of July.

Subscriptions will be received until the 31st of December, 1899, so certain parts of the tomb can be much more richly ornamented."

Those who desire to contribute have, therefore, the privilege of sending in amounts up to the first of January, 1900. The fund in hand covers the contract already made for the restoration, but some fresher ornamentation should be added to the monument, and any additional subscriptions will be used for this purpose.

The French Society is pleased that the American physicians have taken so much interest in this restoration of Hahnemann's Tomb, especially in view of the grand monument which is contemplated being placed at Washington.

As the American member of the commission, I desire to thank the physicians of our country for the deep interest which they have manifested in this measure. The monument will be dedicated during the International Congress to be held in Paris in July, 1900.

BUSHROD W. JAMES.

## Financial Report of Hahnemann Monument Committee.

NOVEMBER 8, 1899.

### RECEIPTS.

From subscriptions, Interest on deposits, Sale of Models, Etc. ....	\$29,233 84
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### EXPENDITURES.

Contract for Building, account of.....	\$25,000 00
Contractor, expenses of.....	191 10
Awards for Competative Designs.....	791 73
Models.....	525 15
Photographs.....	117 91
Printing, Circulars, Booklets, Stationery.....	829 94
Postage.....	433 50
Clerical Assistance.....	880 90
Expressage and Freight.....	29 50
Railroad Fares.....	220 11
Incidentals, Telegrams, Collections, Commis- sions.....	52 63
Auxiliary Committees, expenses of .....	119 06
Cash on hand .....	112 31
	—————\$29,233 84

## THE CRITIQUE.

## Medical Reciprocity.

At the annual meeting of the Massachusetts Surgical and Gynecological Society, held in Boston December 13th, 1899, the following resolutions, suggested by the President, Dr. J. P. Rand, in his Annual Address, were unanimously adopted:

WHEREAS, The Massachusetts Surgical and Gynecological Society, believing that the laws for medical registration, as they appear in many States, are unjust to the reputable practitioner who for any reason may desire to change his location from one State to another; therefore be it

*Resolved*, That this Society call upon the American Institute of Homeopathy, as the oldest National medical organization in this country, to take some action towards bringing about a uniform system for registration in medicine, whereby a physician legally qualified to practice in any State or Territory of this Union, or in the District of Columbia, may be allowed to register for practice in any other State or Territory of this Union, or in the district of Columbia, upon the presentation of a verified certificate and the payment of a nominal fee.

*Resolved*, That a copy of these resolutions be forwarded to the chairman of the Legislative Committee of the American Institute of Homeopathy, for such consideration as may be deemed expedient.

*Phaseolus Nana*—I was called to see a man, 92 years of age, passing bloody urine, apparently as much blood as urine, but probably not. This had continued about one week. He had previously some trouble in passing water, had to urinate several times during the night and had to pass the catheter once or twice every twenty-four hours. For a little time past had not been obliged to use the catheter. I decided the trouble was in the prostate and gave him *Phaseolus nana* 4x, a few No. 25 globules in one-half a glass of water, one teaspoonful once in two hours through the day. In two days he was nearly well; at the end of four days was well, and has continued so for more than a month. This was a *hit*.—*A. M. Cushing in Hom. Recorder.*

## Notes and Personals.

Dr. C. E. Fisher has gone to Havana, Cuba, for the winter, where he will be pleased to meet his friends and patients at 67 Prado. Physicians sending patients to Havana should remember that Dr. Fisher is there for business as well as for health and pleasure.

Dr. David A. Strickler has been appointed chairman of the Transportation Committee of the A. I. H., vice Dr. Clokey, deceased.

Mrs. Constantine Hering and Mr. and Mrs. Walter E. Hering celebrated, with their friends, the one hundredth anniversary of Constantine Hering's birthday, Monday evening, January first, by dedicating the Constantine Hering Building in Philadelphia. The CRITIQUE is in receipt of a very handsome invitation card.

An English physician rode 5,000 miles during 1899 at a cost of \$130, a little more than two and one-half cents a mile.

In the December number of the "North American Journal of Homeopathy" several leading Homeopathic physicians of the country give their ideas as to what constitutes a Homeopathic physician.

The new Homeopathic hospital at Ann Arbor, Michigan is to contain six wards and will accommodate 140 patients. The site, valued at \$1,700, was donated by the city, and the building is to cost \$48,670.

At Passaic, N. J., the Sisters of Mercy have decided to change the staff of their hospital, the Allopaths to be ousted and the Homeopaths put in charge.

The Denver Homeopathic Hospital is deservedly popular in Denver. Physicians of all schools are giving it their liberal patronage.

Dr. W. Carey Allen, of Colorado Springs, was in Denver during the holidays.

The CRITIQUE regrets to learn that the jury disagreed in the case in which Dr. Clayton Parkhill was so unjustly sued for malpractice by a lady physician.

Among the churches that furnished rooms at The Young Woman's Christian Association, we note that the Christian Science

furnished four, the Plymouth two, all others mentioned one. Is this the case of the last being first?

Dr. Charles H. Wilkinson, of Canon City, Colorado, who has a large practice in that flourishing town, brought a surgical case to Denver, for consultation with Dr. J. Wylie Anderson.

### Denver Homeopathic Hospital.

#### REPORT FOR NOVEMBER, 1899.

Number of Patients in Hospital Nov. 1 .....	14
Number of Births during month .....	2
Number of Patients Admitted during month .....	21
Total Number Treated.....	37
Number Discharged .....	18
Number of Deaths.....	3
Number Remaining, Nov. 30 .....	16
Total.....	37

#### REPORT FOR DECEMBER, 1899.

Number of Patients in Hospital Dec. 1.....	16
Number of Births during month .....	1
Number of Patients Admitted during month .....	21
Total Number Treated .....	38
Number Discharged .....	28
Number Remaining Dec. 31 .....	10
Total.....	38
Number of Meals Served in December.....	2150

S. S. KEHR, M. D.,  
*Superintendent.*

### Book Review.

REPERTORY OF THE URINARY ORGANS AND PROSTATE GLAND, INCLUDING CONDYLOMATA. Compiled by A. R. Morgan, M. D. Ex-Professor Institutes and Practice, Homeopathic Medical College of Pennsylvania; Ex-Professor Theory and Practice, New York Medical College and Hospital. Member of the I. H. A. Member of the New York State Homeopathic Medical Society, etc., etc., Philadelphia; Boericke and Tafel, 1899. Price, Half Morocco, \$3.00 net; by mail, \$3.10.

The author of this new repertory deserves great praise for his painstaking service to the profession. It is certainly a valuable contribution to our literature, and represents an immense amount of labor and research. It seems to be complete in all respects and will be found exceedingly useful to the profession generally. To the very elaborate repertory of the urinary organs the author has added repertories of the prostate gland, and of condylomata which will be found of unusual interest and importance.

As we look through the volume we wonder how we could get along without it, and this will, doubtless, be the sentiment of all who examine it. Besides the repertories there is a section of Diagnostic Tables and Urinary Tests which will meet with general approbation, and really constitutes one of the most important features of the work.

This book is elegantly gotten up in half morocco, and reflects great credit upon the publishers.

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LOVELINESS. A story by Elizabeth Stuart Phelps. Houghton, Mifflin & Company, Publishers, 1899. Price \$1.00.

This is a beautiful story about a little lame girl, Adah, the daughter of a professor in one of the largest colleges of the land, and her dog, Loveliness. Loveliness and Adah, are inseparable, and their only happiness seems to be in each other's company. The dog is finally stolen and the child cannot be comforted. As time goes on and her pet is not found, she pines and wastes away until she cannot walk or speak above a whisper. The parents are almost distracted, and finally the Professor learns that Loveliness is to be sacrificed before a class of students for a scientific demonstration. To quote from a paper read by Dr. Wm. A. Burr, before the Woman's Club, in December, 1897, against vivisection, I will give his closing words:

"In the savage state man is cruel even to his own kin. As he advances in civilization he becomes more and more considerate of the feelings and rights of others. When enlightened he has sympathy and love for the whole human race. When he ascends to the higher planes of human enlightenment, his feelings of justice and sympathy extend to the animal creation also. Vivisection measurably puts a check to progress in the refinements and humanities of life." Vivisection teaches cruelty instead of sympathy. Infliction of pain belongs to the past, a relic of barbarism.

Read "Loveliness," which will arouse your sensibilities and sympathies, and then investigate the subject further. Sorry space forbids a more extended review.

A.

THE PHYSICIAN'S MANUAL of the products of the laboratories of Parke, Davis & Company, including a complete price list—1899-1900.

THE CRITIQUE wishes to acknowledge the receipt of this interesting manual. Our readers will find it an exceedingly handy reference book in many respects. The "Table of Equivalents" and "The Property and Dose List" are important features of the book that will be appreciated by all.

### Thialion In Bright's Disease.

"The medicinal treatment of Bright's disease has usually proved unsatisfactory from the fact that too little attention has been paid to its real cause. It is probably owing largely to their extreme fondness for red meats and high living that the English speaking people are so prone to this dread disease, while strict vegetarians, like the Chinese, are comparatively free from its ravages. (The variable climate is of course another factor). It is obvious that by restricting the diet principally to the carbohydrates, there will be less manufacture of uric acid, and necessarily less retention of its salts and urea in the circulation. In case, however, of the actual retention or presence in the blood of either of these toxins, it behooves us, as careful physicians, not only to recommend a fixed diet, but to prescribe a remedy which will readily form soluble urates, thus relieving the terrible strain upon the kidneys, and at the same time a remedy hydragogue in action in order to stimulate the flow of bile and institute a free movement of the bowels. For this purpose the laxative salt of lithia, thialion, has been found efficacious, having been used in several instances with unusually favorable results."

At a meeting of the Danbury Medical Society, Oct. 12, 1898, during the discussion which followed the reading of a paper by Geo. E. Lemmer, M. D., entitled, "Uric Acid in the Blood; What Does it Lead to and How Can we Eliminate it?" William C. Wile, M. D., presented a letter on this same subject written by Hamilton Kibbee, M. D., a distinguished physician of Oblong, Illinois, wherein the latter said:

"I believe we are all wrong about the treatment of interstitial nephritis. I don't believe the albumin tests are of much value. The thing to keep the finger on is the test for urea, Doremus test the best. The excretion of urea is the barometer that indicates improvement or contrary. I think that excess of urea (in the circulation?) is the cause of the nephritis, and that the local trouble in the kidney is due to excessive uric acid in the blood. \* \* \*

Let us get rid of the urea ; there can be no question but this is the first and most urgent requirement, while the second thing would be to stop the excessive accumulation of uric acid. That thialion will get rid of these toxins I have demonstrated."

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"The Man With The Hoe."

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Bowed by the weight of centuries he leans  
 Upon his hoe and gazes on the ground,  
 The emptiness of ages in his face,  
 And on his back the burden of the world.  
 Who made him dead to rapture and despair,  
 A thing that grieves not and that never hopes,  
 Stolid and stunned, a brother to the ox?  
 Who loosened and let down this brutal jaw?  
 Whose was the hand that slanted back his brow?  
 Whose breath blew out the light within his brain?  
 Is this the thing the Lord God made and gave  
 To have dominion over sea and land ;  
 To trace the stars and search the heavens for power ;  
 To feel the passion of eternity?  
 Is this the dream He dreamed who shaped the suns  
 And pillared the blue firmament with light?  
 Down all the stretch of Hell to its last gulf  
 There is no shape more terrible than this—  
 More tongued with censure of the world's blind greed—  
 More filled with signs and portents for the soul—  
 More fraught with menace to the universe.

What gulfs between him and the seraphim!  
 Slave of the wheel of labor, what to him  
 Are Plato and the swing of Pleiades?  
 What the long reaches of the peaks of song,  
 The rift of dawn, the reddening of the rose?  
 Through this dread shape the suffering ages look ;  
 Time, tragedy is in that aching stoop ;  
 Through this dread shape humanity betrayed,  
 Plundered, profaned and disinherited,  
 Cries protest to the Judges of the World.  
 A protest that is also prophecy.

O masters, lords, and rulers in all lands,  
 Is this the handiwork you give to God,  
 This monstrous thing, distorted and soul-quenched?  
 How will you ever straighten up this shape ;

Touch it again with immortality ;  
 Give back the upward looking and the light ;  
 Rebuild in it the music and the dream ;  
 Make right the immemorial infamies,  
 Perfidious wrongs, immedicable woes ?

O masters, lords and rulers in all lands,  
 How will the Future reckon with this Man ?  
 How answer his brute question in that hour  
 When whirlwinds of rebellion shake the world ?  
 How will it be with kingdoms and with kings—  
 With those who shaped him to the thing he is—  
 When this dumb Terror shall reply to God,  
 After the silence of the centuries ?

—*Edwin Markham.*

### Things to Remember.

THE CRITIQUE has the largest circulation of any medical journal published in the State of Colorado.

"All the comforts of home," as applied to the treatment of Mental and Nervous Diseases, can be obtained at Givens' Sanitarium, Stamford, Connecticut,

Father (to son, from whom he has just accepted a cigar)—  
 "Excellent! How much did you pay?"

Son—"They're three for a quarter."

"Great Scott! And I content myself with two for a nickle."

"That's a different matter. If I had as large a family as you to support I shouldn't smoke at all."—*Life.*

THE CRITIQUE takes a just pride in calling the attention of its readers to the many new advertisements in this issue. 1900 finds most of our old advertisers with us. Our aim is to present only ads. of first-class houses to our patrons.

Feralboid, a peptonized albuminate of iron, keeps indefinitely and is a rich blood maker. See page xvi.

Darling, my love grows day by day,  
 I hope and pray it ever will ;  
 I've heard you sing, I've heard you play—  
 Yet spite of that I love you still.—*Judge.*

Have you seen the 1900 Columbia chainless ? It is about perfect, as wheels go. See page xiii.

**PAPINE** IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ecthol Sent Free on Receipt of 25 Cts. to Prepay Express.

**FORMULA:**--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA  
ECTHOL  
IODIA

**BATTLE & CO.,** CHEMISTS CORPORATION, ST. LOUIS, MO., U. S. A.

## Colden's LIQUID BEEF TONIC.

. . . SPECIAL ATTENTION . . .

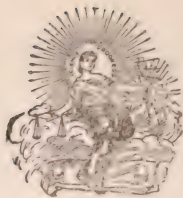
of the Medical Profession is directed to this remarkable Curative Preparation, as it has been endorsed by THOUSANDS OF THE LEADING PHYSICIANS OF THE UNITED STATES, who are using it in their daily practice.

COLDEN'S LIQUID BEEF TONIC is invaluable in all forms of Wasting Diseases and in cases of convalescence from severe illness. It can also be depended upon with positive certainty of success for the cure of Nervous Weakness, Malarial Fever, Incipient Consumption, General Debility, etc.

## COLDEN'S LIQUID BEEF TONIC

Is a reliable Food Medicine; rapidly finds its way into the circulation; arrests Decomposition of the Vital Tissues, and is agreeable to the most delicate stomach. To the physician, it is of incalculable value, as it gives the patient assurance of return to perfect health. *Sold by Druggists generally.*

The CHARLES N. CRITTENTON CO., General Agents,  
Nos. 115 and 117 Fulton Street, NEW YORK.



# HYDROZONE

(30 volumes preserved aqueous solution of  $H_2O_2$ )

**IS THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.**  
HARMLESS STIMULANT TO HEALTHY GRANULATIONS.

# GLYCOZONE

(C. P. Glycerine combined with Ozone)

**IS THE MOST POWERFUL HEALING  
AGENT KNOWN.**

These Remedies cure all Diseases caused by Germs.  
Successfully used in the treatment of Gastric and Intestinal  
Disorders (Chronic or Acute):

**DYSPEPSIA, GASTRITIS, GASTRIC ULCER,  
HEART-BURN, CONSTIPATION,  
DIARRHŒA, Etc.**

"Half an hour before meals, administer from 4 to 8 ozs. of a mixture containing 2 per cent. of **Hydrozone** in water. Follow after eating with **Glycozone** in one or two teaspoonful doses well diluted in a wineglassful of water."

Send for free 240-page book "Treatment of Diseases caused by Germs," containing reprints of 120 scientific articles by leading contributors to medical literature.

Physicians remitting 50 cents will receive one complimentary sample of each "Hydrozone" and "Glycozone" by express, charges prepaid.

**Hydrozone** is put up only in extra small, small, medium, and large size bottles, bearing a red label, white letters, gold and blue border with my signature.

**Glycozone** is put up only in 4-oz., 8-oz. and 16-oz. bottles, bearing a yellow label, white and black letters, red and blue border with my signature.

**Marchand's Eye Balsam** cures all inflammatory and contagious diseases of the eyes.

PREPARED ONLY BY

*Charles Marchand*

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France.)

**Charles Marchand,**

28 Prince St., New York.

Sold by leading Druggists.

Avoid imitations.

☞ Mention this Publication.

The Printing House of John Dove, (see ad. on second page of cover) has a wide reputation for first-class work. Although there has been a great advance in the price of all kinds of paper, yet this house is doing Commercial Work at its old figures.

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"The greatest therapeutic discovery of the age, and of the ages, is that where we cannot produce good blood we can introduce it;" this applies to any and all cases where there is an impoverished condition of the blood, from whatever cause, and the remedy is Bovinine.

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We call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This house was established fifty years ago, and enjoys a wide-spread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

---

Lyptol, is a perfect antiseptic ointment for surgical uses. Prepared only for the medical profession. See ad. on page xvi.

---

Eskay's Albumenized Food is an ideal diet for infants, in fact it nourishes from infancy to old age. Best known food in any stomach trouble, no matter what it is.

---

*Every Known Manner of Test* will convince you that Union Pacific trains are the quickest and best equipped trains for points East and West from Denver. Three through trains daily for Chicago. Choice of routes via Omaha or via Kansas City. Two through trains daily for San Francisco or Pacific Northwest. Ticket office 941 Seventeenth Street.

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We call your attention to the advertisement of the Homeopathic Pharmacy, 622 Sixteenth Street, Denver, Colo.

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Sanmetto is invaluable in the treatment of prostatic troubles of old men. Almost a specific for bladder and urethral troubles.

---

Marchand's Eye Balsam is just the thing to apply to the inflammation of the eyes, resulting from the dust storms so prevalent in Colorado at this time. Read all about it elsewhere.

---

*Notice* the time table and see how much quicker Union Pacific trains, running both East and West from Denver, are than those of its competitors. Inquiry will also convince you of their superiority in point of elegance of equipment and punctuality of service. Ticket office, 941 Seventeenth Street.

Mrs. Crimsonbeak—"Has Mr. Crimsonbeak got home for dinner yet, Bridget?"

Bridget—"No, mum."

"I thought I heard him down stairs."

"Sure that was the dog you heard growlin', mum."—*Yonkers Statesman*.

When in need of plumbing do not forget T. J. White, 1543 Champa Street.

McIntosh Battery and Optical Co., 521 Wabash Avenue, Chicago, Ill. Write for catalogue giving description of new apparatus, new prices, etc.

*The Crowning Success of Modern Railroading*—The "Chicago Special" via Union Pacific, which leaves Denver at 3 P. M. and arrives at Chicago at 8.15 the following evening. The quickest and best equipped trains out of Denver. Ticket office, 941 Seventeenth St.

We wish to call the attention of our readers to the advertisement of Charles N. Crittenton Co. in this issue, facing last page of reading matter.

The Scenic Line of the world is known as the Denver and Rio Grande R. R. It takes you to all the mountain fastnesses. Do you wish to go to the greatest gold camp, Cripple Creek, or the greatest silver and lead camp, Leadville, or the greatest salt lake in the world, Salt Lake, City, Utah, all are reached by the D. & R. G. R. R.

S. K. HOOPER,

G. P. & T. A., Denver, Colo.

Any smoker who really wishes to quit the habit can do so by knocking the live ashes of his pipe into a keg of blasting powder.—*Recreation*.

Don't forget the B. & M. in traveling east or west. Runs the smoothest trains in the world. Sets the best table; furnishes the finest reading room, and, in fact, everything up to date. George W. Vallery, General Agent, 1039 Seventeenth Street, Denver.

*Success* is the best criterion of the excellency of a sanitarium as it is of anything else.

The most successful homeopathic sanitarium for the treatment of Nervous and Mental Diseases, Opium and Alcoholic Habitudes is that of Dr. Givens at Stamford, Conn.

During the past year three new cottages and an amusement hall have been added, and the yearly demand for increased accommodations shows the standing of that institution better than words.

# THE CRITIQUE.

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## Mental Therapeutics vs. The "Fads" of the Century.\*

By F. F. Laird, M. D., Utica, N. Y.

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When P. T. Barnum wrote "The American people like to be humbugged," he gave expression to an idea which embodies more than half a truth. Clothe the simplest fact in the garb of mysticism, throw around it the halo of the supernatural, and soon from its ample folds will be born a full-fledged "fad." The well patronized "fads" which, at the close of the century, have come "not singly but in whole battalions," may well lead one to exclaim, "Are the American people a nation of fools?" Medicine, in the broadest sense, has become the play-ground for the exhibition of the most glaring parodies upon reason and common sense, while too often the physician becomes the football of popular prejudice and blind fanaticism. Whom shall we censure for this condition of affairs? Is the civilization, breadth, culture and refinement of the nineteenth century taking a step backward; or is there general advancement all along the line? Stop a moment to think what has given rise to the acceptance of such absurd views, and the explanation is as plain as the "rule of three."

"Where there is smoke there must be some fire," and equally sure is it that where some "fad" numbers its votaries by thousands, there is under it a substratum of truth. "Christian Science," through the mouthpiece of one of its most prominent female evangelists, has recently testified from the witness-stand that a patient "died from an unguarded thought," and the coronor's inquest sent a post-mortem in search of this meteoric wonder!

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\* Read before the Denver Homeopathic Club.

"Faith Cure," "Prayer Cure," et al., invoke the special dispensation of an all-wise Father; while the poorly equipped physician hides behind the bulwarks "Heart Failure" and "Interposition of Divine Providence." Bigotry and falsehood are the common heirloom of all fanatics, and the absurdity of the layman oftentimes finds its prototype in the ignorance of the physician. "Christian Science" and allied "cures" falsely attribute their success to the "All power of God;" while the true secret rests in a power far too little recognized, and still less utilized, by the medical profession. A glimpse of the truth was granted to Mesmer more than a hundred years ago when Mesmerism became the "fad" of his country; but its full meaning only became apparent when hypnotism with its cardinal idea of "suggestion" came into full light and practical use during the present century. No intelligent student can fail to recognize in Christian Science methods the handiwork of "suggestion" pure and simple. The dread of disease and its consequences is usurped by the positive negative of any such entity as physical illness. All is mind; matter is a delusion; the idea of health is "suggested" and re suggested until belief takes the place of doubt, the mind is imbued with faith, hope and courage; bodily functions, perverted and buried under the cloud of dismay and hopelessness, once more resume their functions; mind has established its mastery over matter; the patient is cured. Is there anything mysterious in this? Any occasion to invoke supernatural agency to explain the cure? Sorrow will immediately destroy the appetite, and, if continued, will produce lesions in the digestive tract—a purely mental condition has given rise to actual disease. If mental therapeutics, *i. e.* suggestion, can remove that sorrow, can anyone doubt that a complete cure will result? We, as physicians, are constantly, consciously or unconsciously, using hypnotism in our daily practice; and yet how very few of us fully realize and utilize the transcendent power of mind over matter! How often do we fail to recognize the fact that a given disease had its origin in a mental perversion which eludes our best endeavors. Yea, more, how often does the homeopath prescribe a remedy purely on its mental symptoms and score a success more far-reaching than he ever

dreamed. Let me illustrate the power of suggestion by a familiar example: "This medicine will make you feel better in twenty-four hours; your pain will leave after a few doses and your sleep will be refreshing," says the *positive* physician. "I will try this remedy for a few days, but am not sure that it will accomplish anything. If it fails, we will try something else," says the vacillating doctor. Both men are equally versed in the theory but not in the practice of medicine; both may have prescribed the remedy with equal skill. The former succeeds; the latter fails. One has used mental therapeutics; the other has relied solely upon his drug. The first enjoys a large practice and a commensurate measure of success; the second contents himself with a small clientage and frequent "raps" at his more fortunate rival. The successful physician constantly keeps before his patient the hope if not the certainty of recovery; shows him how groundless are his fears; states with the positiveness of conviction what will be the effect of his medicine; is explicit in giving directions for a dietary; recognizes in every act and word the all-pervading power of mind over matter; in short, makes mental therapeutics play an almost miraculous role in the healing of the sick. Is the picture overdrawn? Look around you in your everyday life and note the character of the men who have best succeeded in the practice of our profession. Are they not those of strong individuality, capable of inspiring confidence in their patients, bringing sunshine and hope into every sick room they enter? In a case of obstinate hysterical vomiting in which not even a teaspoonfull of water can be retained, you positively assure your patient that she can now eat and retain a porterhouse steak; and, *mirabile dictu!* the feat is accomplished. You have done in an instant what your less fortunate confrere failed to do in a week with his pills, parvules and bad temper. What is this but suggestion, or mental therapeutics? In this very field of the neuroses and psychoses, the medical "fads" of to-day are reaping their richest harvest, and that, too, through an agency neither miraculous nor supernatural, but one which you and I can and should employ in its legitimate sphere, thus preventing superstition and ignorance from sacrificing many a precious life which

lies outside the domain of mental therapeutics. In successful warfare it is not so much the gun as the gunner; in medicine it is far less the physic and far more the physician. You are all familiar with the psychological fact that a robust man may be sent to bed mentally sick through the anxious remarks of solicitous friends who have repeatedly assured him of his unhealthy appearance. Why, then, should we fail to utilize to its fullest extent the marvelous power of suggestion and rescue mental therapeutics from the realm of quackery and fanaticism?

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### Some Observations Upon Professional Idiosyncrasy and Scabism.

By A. C. Stewart, M. D., Denver.

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The ground taken by the American Institute in the recent controversy in connection with the U. S. College of Chicago, may have been unique so far as drawing sharp lines in doctrine, and drawing these lines promptly was concerned, but it must be admitted that the tendency to "looseness" in the practice, and also for every "Tom, Dick and Harry" to adopt medicine as a means of livelihood, after everything else in life has failed them, is perhaps the chief cause of the desperate condition of professional mongrelism so apparently on the increase throughout the country, and this state of things has given impetus to the abuse of "specialism" and "medical sensation" which, in the absence of restrictive legislation—as in our State, where even a diploma is not necessary—a soil is furnished at once so fertile and productive of blossom that even chlorophyll may be dispensed with in its verdant richness.

Even the profession of Law, admittedly full of mongrels, sometimes draws the line when one of their number takes *all* the client has and refuses to give a receipt, and applications for authority to enter the practice are scrutinized to a greater or lesser degree. But where is the line drawn in medicine, viewed as a whole? Of the two great professions, which is of greater importance in the community, Law or Medicine?

Now as to the various classes within the profession. There are men (apparently respected by their fellows) who run off on a tangent. You will find the chap who believes that God has cursed the world by raining down germs as horrible as the names they give them, and that germs are crawling from the cerebral sinuses to the horny tissues "seeking whom they may devour." Another will not allow you to enter the room where the 2000th potency of a remedy is being succussed lest you breathe upon it or imbibe its dynamic influence with fatal results. Another would load you with railroad spikes for "the tight band 'round the head" or to restore the corpuscle. (This is the Bland's pill advocate.) Another will tell you that you should not enter the sick room until you had bathed in permanganate, bichloride, green soap, alcohol and ether, and undergone a thorough spraying with a fumigating deodorant; and still another, that in cases of "labor" you should view it from outside the window and only enter after the baby has been washed and the patients have been carefully wrapped in carbolized cotton. Some of us are constantly leaking our cerebral baggage, due to a looseness of our mental tail-gates; but heaven protect the poor fellow who calls our attention to it or attempts to tighten them up! On the top of it all there now bobs up, back in Pennsylvania, a doctor who seeks legislative enactment to help him pump serum of the various sorts into the veins of all the poor little innocents attending the public schools (and incidentally to advertise himself). This man better be restrained, or he might strike a batch of commissioners like those in charge of our county hospital (allopathic), and then the matter might cease to be amusing—the pumping might actually begin.

In our own city, a center of "broad and liberal education," the political doctors recently took it upon themselves to gather all of our people to their arms and enforce vaccination upon them, whether they would or not, at 25 cents per head. It is indeed fortunate that the child Jesus lived in a different age. We await in fear and trembling the next edict of the doctors in charge of this world, and whose offices are at the county court house.

After all we think the profession must come under some such general classification as this :

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|----------------|---|--|
| THE PHYSICIAN. | { | The statement has been made somewhere that in France this man stands as one in seventy. United States ?  |
| THE DOCTOR.    | { | <ol style="list-style-type: none"> <li>1. The "scab," he don't advertise in the daily papers unless it be free advertising.</li> <li>2. The worker at the church door.</li> <li>3. The advertising "quack."</li> <li>4. The "crank"—the extremist,</li> <li>5. The medical politician,—the doctor out of a "job" or in a "job."</li> </ol> |

*The Physician* is the man whose patients feel better for having seen him. They trust, honor and respect him, both as a man and an able physician. He has a warm heart and a ready hand. The presumption is that this anomaly has reached the profession because of a natural adaptation to vocation, and a noble purpose. His ability is due to his native sagacity or instinct in the presence of disease, coupled with a high sense of duty and regard for the sanctity of his calling and a mind brought up step by step from childhood by careful education and close application to the work of his life. He has a life-tenure in his professional college, and he is never absent at roll-call. With this man it is first valuable professional service and then reasonable payment for the same. He rides no hobby at the expense of his patient. When he has grown gray in the service of his people, or has passed to his great reward, his emolument will be found to be scant, but in life he has had the reverence and in death the grateful memory of those who have known him as a physician and a friend.

*The "Scab" Doctor.* During the summer I visited one of the coal districts of the State (Trinidad), and there saw an instance of the gentleman "scab." This man got the contracts to "doctor the mines" at a certain figure; he then sub-let these little jobs (one of the little towns was let by him at \$75 per month, and of course at a profit) to graduates of "regular" allopathic schools. My knowledge of this case was rendered more accurate by the discharge of this man (the \$75 man), who happened not to be well

versed in "regular" allopathic policy, and who once, when called upon by our man (Blair) to give an anæsthetic, responded with due courtesy and was promptly "let out" by the "boss."

If one will walk out and interview any of the workmen at the large manufacturing plants in the suburbs, he will be informed that these workmen are forced to pay from 50 cents to \$1.00 per month out of their monthly pay, and the management furnish the "doctor." This plan is also in vogue on the railroads, and in the case of the D. & R. G. a pittance is paid to the "railroad doctor" at the towns along the line, in addition to a pass (perhaps annual), and furnishes a hospital with a well-paid "railroad surgeon," where employes and the victims of wrecks are duly treated along "regular" allopathic lines. In this case the appointments are made by the doctor at headquarters, and the most valuable prerequisite, in fact the necessary one, is that you be a "regular" allopath, and the poor fellows to whom the doctor is sent—the men who do the paying—have nothing to say and simply must take what is given them. As I have just intimated, these railroad, mill and smelter scab doctors boast of being of the "regular" allopathic variety in nearly all cases.

The writer made a test of this matter some years ago, at Durango. The railroad employes circulated a paper (a vacancy presenting) among the sixty employes there and in the immediate vicinity, with the result that forty-seven of the sixty signed for the new school man; but one Doctor O'Connor, at the head of affairs, in a letter to a Mr. Cooper, who had the matter in charge, said the appointment could not be made since the applicant was not of the proper school. This result was well known beforehand, and was purely a test case to force the austere and able gentleman to uncover himself. Unfortunately for the poor fellows who were keeping up this crushing oligarchy with their hard-earned pay (the rule is to pay or quit) they had to send out and pay for professional service in most cases of illness at that time, to my personal knowledge. The same rule is made to apply at the smelters and mills. It is a cut-throat system of sucking a living from the helpless and poor and enforcing upon them the poorest possible service in return (all sorts of substitutes are

sent to these people, to suit the occasion), since no decent or educated man could be bought to kneel before the joss-god of buried professional decency for a few dollars thus wrung from a helpless laborer. This class of "medical" riraff in some instances advocate the payment of one dollar per month by the family, and for this sum they get their "doctoring" right along. Of course the \$1 per month and the little "divvy" with the drug shop on this same family (prescriptions changed *ad libitum*) is quite a neat little scheme for the "scab-doctor."

*The Worker at the Church Door.* This is a favorite and cheap method of advertising the doctor. Very recently the writer was informed by one "M. D." that the family in this case pulled strings in four different bodies of religionists at the same time. The results in this case were encouraging even beyond the doctor's most sanguine expectations. A rousing business was stirred up, but the doctor let drop the fact that "collections were very poor." This class of doctors would do better to expose the external cranium less before the church door and give the internal convolutions more attention. It is less conducive to colds, and even if he should be crucified by the brothers and sisters of the church, he will at least feel the comforting consciousness of a sense of honesty and professional decency, after the novelty wears off, which will fully compensate for whole pages of doubtful accounts. Furthermore, this system of building up a practice is becoming "gausy," even in the churches. It will be found that the better element in any community want ability. The bland smile of a jackass is not so valuable as it used to be.

*The Advertising Quack.* This is Governor Thomas' class, but does not include the fellow of whom it was charged a few days ago by the daily press that he cut the perineum with his pocket-knife and threw the knife under the bed, but of course this wasn't known until the patient had dropped out of existence with what grace she could, and in obedience to an urgent case of septicemia, while the nurse was charged with "too much officious interference." The advertising quack is the fellow who is cordially hated, even by the "scab doctor." Note to what depths he has fallen! Indeed this class of doctors have but a single con-

solation, for, from the standpoint of the profession, he stands absolutely alone, whilst being but a slight shade meaner than the "scab." A professional leper, a sort of bubonic plague; but he knows that as long as he has the law-makers on his side, and so long as the public are willing to close their eyes and open their mouths for him he will make barrels of money, and this is his consolation as well as his stimulus, for he is a stranger to any sentiments above this. The daily papers are his henchmen since they gather the victims to his toils and for which they are duly and amply paid. After the "Wonderful Specialist," the "Phenomenal Doctor of the Age," "The Most Wonderful Discoverer" (all duly illustrated), etc., etc., have gotten all the victims could possibly gather in money or chattels, we have them drop in upon us at the public dispensaries on their way to their last home, asylums, poor farms, etc., wrecks in the sarogassa sea of life.

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### Veratrum Viride in Puerperal Eclampsia.

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Dr. Coston, in the "Va. Med. Semi-Monthly," from his own experience and that of others, offers the following conclusions:

1. Veratrum viride is a perfectly safe remedy. Even when used in extra large doses no danger need be feared so long as the patient is kept in the recumbent posture.
2. It is almost a specific when used early for all cases of puerperal eclampsia.
3. Those who inveigh against it have used it either not at all or too sparingly.

# GENERAL MEDICINE.

Conducted by W. A. Burr, M. D.

## Tuberculosis.

The following is from the report of the Secretary of the State Board of Health to the tuberculosis conference, held December 3, 1899, in Denver.

The records of the Denver Bureau of Health show the following mortality from tuberculosis:

YEARS.	Total Deaths from Tuberculosis.	No. specified as contracted in Colorado.	Per cent. contracted in Colorado.
1893 .....	435	49	11.26
1894 .....	377	51	13.52
1895 .....	428	64	14.95
1896 .....	368	66	17.93
1897 .....	489	88	17.99
1898 .....	501	99	19.77

These figures show a steady increase in the deaths from tuberculosis contracted in Colorado. In order to ascertain the cause for this an inquiry was instituted by a committee, who reported three principal sources of infection, as follows:

*First.* The expectoration of consumptives.

*Second.* The milk from tuberculous cows.

*Third.* The flesh of tuberculous animals.

In regard to these three principal modes of infection the report has the following points:

The tubercle bacilli convey the disease only when dry enough to float in the air, hence consumptives should not spit on streets, pavements, floors, bed linen, handkerchiefs, or any place where it can become dry.

There being relatively a greater number of bacilli in the early stages of the disease, then is the time to exercise the greatest care and caution.

Consumptives themselves, and all persons coming into intimate association with them as nurses and attendants, are in danger of infection.

Since even thirty-five hours of direct exposure to sunlight does not destroy the bacilli, all persons traveling our streets or riding in our public conveyances are in danger of infection so long as consumptives are permitted to spit in these places.

The identity of human and animal tuberculosis having been proven, animals may, and doubtless often do, contract the disease from man. Tuberculous herders have been known to infect the herds they have attended.

The tubercle bacilli exist in the milk of tuberculous cows, and healthy animals inoculated with this milk become affected with and die from typical tuberculosis.

There are no cows in Iceland, and human tuberculosis is unknown there; and in Japan there was no tuberculosis until cows were introduced from America. Now, nearly one-third of all deaths in that country are due to tuberculosis.

Sufficient investigation and experiment has been made to show that tuberculosis is transmitted through the flesh of animals having this disease. During six years in New York City the death-rate from tuberculosis among Russian Polish Jews was less than one-fifth of that among the remainder of the population, due, in large part at least, to their scrupulous care in meat inspection.

While tuberculosis is very rare among range cattle in Colorado, experiment has, nevertheless, shown that it frequently exists among dairy cows. In 582 tests made, about three per cent. were condemned as being tuberculous, and year by year the per cent. is increasing.

Conn says: "Twenty-five years ago the amount of tuberculosis reported from slaughter house inspection was only 3 to 5 per cent. To-day it is from 10 to 15 per cent., and more often approaching the higher figure."

Some loss would come from careful inspection and removal of all infected animals, but the expense would be less now than at a later date.

The milk supply can be protected in only one way, and that is by the tuberculosis test and removal of all cows that show any taint of tuberculosis. This testing should be done by officials appointed for the purpose.

#### RECOMMENDATIONS.

Let the public be educated.

Let all public expectoration be prohibited.

Let the rooms where tuberculous patients die be properly disinfected.

Let all hospitals and other like institutions be required to keep their tuberculous patients separate from the others.

Let all dairymen be persuaded to have their herds tested.

Let no tuberculous persons be employed on dairy farms or about milk depots.

Let all slaughter houses be carefully inspected and all tuberculous meat be kept from the markets.

Let the press agitate the matter in the interests of the general public.

B.

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### Therapeutics.

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"Hot water in large quantities, inside and out, will give quicker, safer and better results in the treatment of delirium tremens than any drugs in the materia medica."—Dr. A. P. Williamson in "Medical Era."

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CRATÆGUS IN COLLAPSE.—A little girl, aged twelve years, came under my care while in the third week of typhoid fever. She suffered a sudden collapse, which had not been successfully overcome by *Strychnia*, *Digitalis* or *Cactus*, but she rallied at once and made a good recovery by the use of *Cratægus*, five drop doses of the tincture every two hours.

"The indications which called for it were as follows: Great pallor, irregular breathing, cold extremities, pulse 120 and very weak and irregular. This condition had existed for two days, only temporary relief being obtained from the use of *Strychnia*

and the usual heart stimulants. Decided relief, however, was afforded by *Cratægus*, and a rapid and apparently permanent cure was established."

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SUGAR AS AN OXYTOMIC.—It now appears that common sugar is an oxytomic. Dr. F. H. Pritchard, of Monroeville, Ohio, as published in the January "Clinique," says :

"Several years ago Dr. Bossi, a lecturer on obstetrics and gynecology at the University of Geneva, Italy, recommended the use of sugar in uterine inertia. At that time I tried it in one case, where it seemed to render prompt and satisfactory service. Since then I have employed it now and then with results which were in the main satisfactory, yet such is the force of habit that one turns so readily to the older and oft-trusted quinine as an ecbolic. This we know to be safe, which cannot be said of ergot. \* \* \* Hence it appears from these observations that sugar is actually an ecbolic, especially at the period of expulsion when it is particularly indicated. It may be also given at the beginning to expedite and influence labor favorably. The ease with which sugar may be obtained, and the absence of those dangers attending the use of ergot, render it worthy of trial in these conditions. Let us hear from others on this matter."

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The most fatal form of Bright's Disease is contracted kidney, and in this there is little or no albumen.

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Dr. T. J. Gray, of Minneapolis, thoroughly believes in the efficacy of medicinal treatment for appendicitis. In the "Minneapolis Homeopathic Magazine," he says :

"My usual method is to give a dose or two of castor oil, followed by free catharsis from magnesium sulphate, a hot oil pack over the right inguinal region, kept to the point of toleration by the hot rubber bottle, together with the use of the indicated remedy. Bryonia has done me most service."

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According to the "Edinburgh Medical Journal" for November, 1899, V. Hoesslin has adopted the following principles in the treatment of corpulency : (1) A purely protoid and fatty di-

etry; (2) Stimulation of metabolism by hydrotherapy; (3) Administration of thyroid gland; (4) Increase of oxidation by means of exercise.

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### Homeopathy.

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"What homeopathy has done for others it will do for you. What others have done with homeopathy you can do; the law is for all who can apply it. It will change you from a guesser to a thinker, from a visionary to an oracle, from a romancer to a necromancer. What if it be true that two-thirds of all the sick will get well on nothing if only they have plenty of it. The true work of the physician lies with the other third, who not only need something, but need that something so administered that they will at least have a chance to recover. Homeopathy is especially applicable to this third. Any system of medicine ought to be successful with the self-recovering two-thirds. \* \* The modern homeopathic physician is a regular graduate of a legally incorporated college. He believes that the law expressed by "*similia similibus curantur*" furnishes the surest rule for the selection of drugs in the application to the relief of disease; that the only way to learn the action of drugs upon the human organism is to administer them to persons in health; that the effect of any drug is best observed by administering it singly; that in disease the least amount of a drug necessary to produce the wished-for result is the rational dose. He believes that the adaptation of possible means to possible ends is not inappropriate in the practice of scientific medicine, and that the exclusive use of a high dilution, or tincture dosage, is not essentially characteristic of scientific methods. If he knows less of medicine than his allopathic brother he is but a poor physician, and if he knows not more he is but a very poor homeopath. The more of allopathy he knows the better a homeopath he is; and the more of homeopathy he knows, the less allopathy he will practice."—*Dr. C. E. Walton.*

# MATERIA MEDICA.

Conducted by E. Jay Clark, M. D.

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Dr. Edmund Carleton presents an article in the "Medical Advance" upon an antidote for Carbolic Acid that all should know. He gives the discovery of the antidote as follows :

"One day while making some experiments with the pure acid, an unlucky movement sent two ounces of it upon my hand. In about two seconds I had it under a stream of water and washed it well, but to no purpose; it became white and numb. There seemed to be no escape from the usual result—desquamation, and slow recovery of the sense of touch. But the odor was persistent and unpleasant. In the belief that it might be changed thereby, a servant was sent to the kitchen for a cup of cider vinegar. While bathing and rubbing the affected parts with vinegar, what was my amazement to behold a complete restoration of color and function. In five minutes nothing remained in evidence except the modified odor."

He reports one case treated by Dr. C. S. Kinney, at the Middleton Hospital for the Insane, where carbolic acid had been swallowed, when a half cup of vinegar diluted with an equal amount of water was given, followed soon by a second dose, and then some milk, and as soon as the stomach pump could be used the stomach was emptied. The liquid removed had no odor of the acid. The mouth, lips, etc., rapidly regained the normal conditions, and the patient recovered without the development of further symptoms.

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"There is one thing noticed of CINCHONA, and that is, in all of its complaints there is a great deal of pain and suffering. There is pain in the limbs which is made worse by touch. A light touch over the seat of pain, will, when the pains have become comparatively quiet, re-establish them. If you touch the seat of pain, it will arouse the pain immediately. This is a peculiar feature worth remembering. Hard pressure, however, relieves. The pain is rending and tearing and aggravated by touch. These pains are

also made worse from a draught of air, or from lifting the covers. For example, take a lady who has been through confinement and has a severe hemorrhage so as to become almost bloodless. These cases are apt to be troubled with pains in the legs that are tearing in character. These cases are exceedingly sensitive to air. They cannot tolerate the least draught of air from an open window, and their pains are made worse from the least touch or handling."—*B. L. Hotchkiss in "Hahnemannian Advocate."*

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EUPHORBIVM was prescribed by the Department Editor, in December, for an erysipelatous condition of the right cheek, following the picking of a spot upon the bridge of the nose. The condition had been present, growing worse under nearly two week's allopathic treatment and the use of cuticura and other local applications. The right cheek was swollen and showed a number of large vesicles in the immediate neighborhood of which the skin was quite red. No aggravations or amelioration were discovered upon careful questioning. The sensation was described as burning. Sleep, digestion, etc., were excellent. One dose of the 200 (no local applications) was given, and the improvement was noticeably rapid. Hahnemann says, "When used in high potencies and in minimal doses, it will accomplish much."

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GRAPHITIS is an excellent remedy for the chronic tendency of erysipelas, especially where there has been an abuse of iodine. There is a tendency of the disease to wander. The skin feels hard and tough. The inflammation is very apt to be on either side of the face, the pains being burning and shooting. Where with these local symptoms you get a peevish, anxious, unhappy patient, whose sleep is full of frightful dreams, forcing him awake and causing him to get up with a naturally unhealthy condition of the skin, Graphitis will prevent the return of the disease if not used to the securing of an aggravation.

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BRYONIA is an excellent remedy in the beginning of colds, as shown by the following case (one of many). Patient was excited, anxious and cross. Pains all over him. No part of his body but

what pained him all the time, but much worse when he moved or coughed. Headache very severe, especially when he coughed, and then it would seem as if it would split. Complained of such fearful oppression of the chest. Cough was dry and almost continual. Thirst was only occasionally present, and then for a good drink. Cold was about thirty-six hours old. Bry. 200, a small powder, was dissolved in water, and a teaspoonful given every hour until better, and then placebo substituted after the third or fourth dose. His pulse at this time was 120, and temperature 102°. In five hours pulse was 114, temp. 101.4°. He was much improved. No other medicine was given, and on the third day patient was up, and preached on the fourth day as usual.

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PULSATILLA m, one dose, relieved a case of aphonia where the condition was marked when in doors, and the lady had no difficulty of talking when out in the cold. There were the other ordinary pulsatilla symptoms present.

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RUMEX CRISPUS has proven curative in a number of cases where after a cold there was a continual desire to clear the throat. It has also been a valuable remedy in consumptives where sulphur is ordinarily indicated by the morning diarrhoea, a dry cough with nightly aggravation. In colds it is adapted to where the catarrhal discharge is very profuse and thin, and is followed by a thick, yellowish or whitish, tenacious mucous, almost impossible to blow from the nose or to cough up. It has frequently been prescribed where the discharge was excessive in amount, starting the patients on the road to recovery, and often bringing them back to a normal condition of health without the use of other remedies. Secure the proper start and nature will usually finish the cure for you.

# SURGICAL DEPARTMENT.

Conducted by J. Wylie Anderson, M. D.

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## Intracapsular Fracture of the Left Femur in a Man Seventy-one Years Old. Recovery.

Mr. ———, aged 71 years; American; family history fair; personally was troubled with rheumatism; fell on the sidewalk one evening and was taken to his room, where he suffered with pain in front and at the side of hip. I was called the next afternoon at three o'clock, and found the limb slightly abducted and resting on the outer surface of leg and foot. I proceeded to anaesthetise, and by traction on the limb and inward rotation, with one hand over the joint, elicited crepitus. I dressed the case in a long external splint extending from axilla to six to eight inches beyond the foot, to which was fastened a screw to the splint, through which another screw worked on threads at right angle, by which extension was made. Having first applied adhesive on the outer side of thigh and leg across a small block of wood, perforated in the centre, and then up the inner side of thigh to near the site of fracture, I applied plaster circularly around the limb at several places, to retain the side adhesives in place. Over this I applied a spiral reverse bandage up the limb to the groin. The limb was tied to the splint by wide bandages placed four to six inches apart. The chest was bound to the splint by wide bandages, and a perineal pad placed in perineum and fastened to the splint.

Placed a long sand-bag on the inner side of thigh and leg. Elevated the foot of the bed about four inches, and fastened the foot-piece by a wire to the adjustable screw, and by turning the screw made gradual extension, drawing the leg and thigh downward, while counter extension was obtained by the perineal pad pushing the body upward. By this apparatus one can gradually overcome muscular rigidity and draw the limb out to its proper length without inconvenience to the patient. A few turns on the

screw from time to time can be taken without the patient knowing what you are doing.

The patient was a wiry man for his age, and was determined to get well and walk again, in which determination I encouraged him. There was marked swelling of the whole extremity, so that the bandages made deep creases in the limb and needed constant watching. The splint was kept on for nine weeks, and when removed the limb was still greatly swollen and massage was used daily, also various remedies and cold packs every other day were used for a time, and gradually the swelling subsided and the patient sat up; then walked with crutches; at the end of five months he used nothing but a cane. The shortening of the limb is one half-inch.

During the nine weeks he kept the splint on he had two attacks of pleurisy, at which times I was fearful of results; but he recovered nicely under treatment.

Most of the time he took Calc. Phos. 3x three times a day to hasten the formation of callus.

Taking into consideration the patient's age, and being a rheumatic, and the location of the fracture, and the fact that the later works on surgery tell us not to inflict the patient with splints and extension, just make them comfortable, as it is impossible to get union in those over sixty. The results obtained is my excuse for giving treatment somewhat in detail. J. W. A.

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### Club Foot.

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McKenzie, from a personal experience of three hundred cases, formulates his results in the treatment at different periods of the disease:

1. The prognosis in ordinary non-paralytic club foot is good.
2. In children the restoration of form should be perfect, and function should closely approximate the normal.
3. Restrictive methods, either by dressings or apparatus, should be as little employed as possible.

4. Persistent manipulation improves function and development.

5. Operative treatment must be thorough. No part of the correction of deformity should be left, hoping that mechanical means will complete the work.

6. After-treatment is essential to good results. Properly constructed boots should be worn, and the foot retained in a proper position at night.

7. Age is no bar to successful treatment. Eminently satisfactory results may be obtained in adult life. Even in case of adults the more heroic methods of operation in many cases are not called for.

8. The prognosis in paralytic cases will vary according to the nature and degree of paralysis.—*Health.*

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### A Simple Method of Detecting Puss in the Urine.

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The "Medical Times" states that a few drops of peroxide of hydrogen added to the urine containing pus, will cause bubbles to rise and froth to appear on the surface, similar to its action on pus in other localities.

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### New Method of Reducation of Strangulated Hernia.

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By H. C. Owen, M. D. ("Am. Jour. of Surg. & Gynecol.," November, 1899).

The author recommends a practice which has come to be considered very dangerous by those who do a large amount of work in this line.

His "New Method" is one of aspiration and injection. He uses a small trocar perforating the gut and allowing the incarcerated gas to escape, then injects morphine sulphate  $\frac{1}{4}$  grain in two drams of water. "Then elevating the hips and flexing the thigh taxis will easily reduce the hernia."

### Removal of Mother-Marks.

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The "Allgemeine Medicinal Central Zeitung" gives the following as very efficacious ; Mix one part of tartrate of antimony with four parts of emplacrum saponatum and work into paste. Apply the mixture to the part to be removed to the depth of a line (one-twelfth inch) and cover with gummed paper or court plaster. On the fourth or fifth day suppuration sets in, and in a few days scarcely a sign of the mark can be seen.—*Indian Lancet*.

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### Surgery of Inguinal Hernia.

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By W. W. Morgan ("Indiana Medical Journal," December, 1899).

A new method of cure is claimed by the writer, and it consists of transplanting the neck of the hernial sac under the external oblique muscle some distance from the ring.

The cord is secured by a piece of aponeurosis carried across and sutured, thus surrounding the ring with a strong band. The rest of the opening is closed by "blanket suture." He also considers it important to shorten the scrotum as one of the steps in his operation.

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### True Value of Gargling.

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By gargling in the usual way only the upper anterior surface of the uvula, soft palate and base of the tongue are reached. The method of holding the nose and throwing the head well back when gargling enables the fluid to reach every surface of the pharynx.

The value of the two methods can readily be tested by painting the posterior wall of the pharynx with a strong solution of methylene blue. After gargling with water in the usual way, the latter will be perfectly clear and unstained ; then let the patient gargle again by the method suggested, and the ejected fluid will be found stained.—*Charlotte Med. Jour.*

# GYNECOLOGY

Conducted by S. S. Smythe, M. D.

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## Ovariectomy Averted.

By Wm. Jefferson Guernsey, M. D., Philadelphia, in "Medical Century."

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In January, 1889, I attended Annie L., aged 17 years, through a severe attack of typhoid fever, from which she made a good recovery; but two ailments remaining—one a dysmenorrhea, which had been habitual with her, and an unpaid bill. This pecuniary fault is not irrelevant to the case, as will be seen later on.

In May, 1891, her mother came to my office in tears and said that Annie had been in wretched health for some six months, and that she had been prevailed upon to go to a hospital for examination. They had pronounced the case one of tumor of the right ovary, requiring immediate operation, and a date had been fixed for her admission. She said that she had not been able to do any work for some time, and gave as an excuse for not consulting me her inability to liquidate the aforesaid bill.

The mother was in great distress on account of her daughter's general health, and was quite sure that she would never survive the ordeal. I offered to treat her gratuitously and felt sure I could promise more than she could expect from the knife and allopathy.

The result of our conversation was that the patient crawled into my office the next day, and one glance at her made me fully appreciate the mother's anxiety, and almost wish that I had let the case alone. She was a physical wreck; and on my expressing astonishment at the thought of an operation in her condition, she informed me that she was going there to be "built up" first; but that they had said there was no time to lose.

She had not menstruated for four months; was enormously swollen about the right ovary, which was sensitive to touch with considerable undefined pain there; yellowish leucorrhea; head-

ache about the eyes; despondency; terrible prostration and marked drowsiness.

I gave her Apis about every three hours; varying the potency at different prescriptions, from the 30th, 2c., 5c., m. and 40m., but mainly the latter. In one month's time she was gaining in weight; the tumor was disappearing and she was improving wonderfully in general health. By the latter part of August she had become a strong, rosy cheeked girl—the picture of health—and the tumor had entirely disappeared. The Apis, however, did not seem to benefit the dysmenorrhea much, and in September I gave her Zanthox, as it had many of her symptoms. In October and again in November I gave her single doses of that remedy in the 30th potency, and am glad to be able to say that her menstruation became perfectly normal in character and quantity, and practically painless.

In February, 1892, she came back to me with a slight return of pain in the ovary, for which I gave her more Apis; and she has remained well ever since and is doing the hard work of a domestic.

In November, 1896, she called to thank me for her good health and to pay me for the typhoid attendance.

One amusing part of my story yet remains to be told, and this does not relate to the patient, but illustrates the incredulity of the average homeopathician. Last year I met a neighboring physician on his way to the Hahnemann Hospital, of Philadelphia, to witness an operation for ovariectomy, and his description of the case reminded me of this so that I related it to him, when he exclaimed: "So it wasn't a tumor, after all."

Lest some doubt be entertained at this recital I will append a copy of a letter just received from the chief resident physician of the hospital, to whom I had written for any record of the case that they might have:

"My Dear Sir:—Anna R. L.— came to the hospital on the fifth of May, 1891. Upon pelvic examination, a mass, very hard, in posterior cul-de-sac, filling it completely and extending to the brim of the pelvis, was found. The uterus was pushed forward against the symphysis pubis."

### Rectal Irrigation.

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Irrigation of the rectum with hot water is sometimes preferable to the vaginal method, as it acts more directly on the pelvic circulation. It avoids washing away the protecting acid mucus of the vaginal fornix, and is to be preferred for young girls. It is of special value for chronic pelvic inflammations, with the exception of pyosalpinx. It is particularly valuable for the early stage of intestinal paralysis following sepsis and to relieve tympanites. Dr. Hyde is a firm believer in rectal irrigation in the treatment of hemorrhoids. If employed early, it will abort them in ninety-nine cases out of one hundred. It has also proved one of the most valuable of remedies for acute nephritis with the secretion of a small amount of urine.—*The American Gynecological and Obstetrical Journal*," August, 1899

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### Saline Solution into the Ovarian Vein.

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To Dr. Andrew C. Smith, of Portland, Oregon, is due the credit of first employing the normal salt solution injected into the ovarian vein in case of collapse of a patient undergoing an abdominal section. The case was reported in the December "Medical Sentinel." The saving of time and the necessity of no other incision, are elements in this procedure which give to it value. It is another of the important little things, which, in the aggregate, make up an advancing science of surgery.—*Medical Sentinel*.

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A new substance has been discovered that gives off in large quantities the curious rays called from their discoverer, "Becquerel rays," which have much in common with the electrically excited "X-rays." As announced by M. Violle before the Paris Academy of Science, October 16, the new metal, like polonium and radium (two other newly discovered "radiant metals") is obtained from pitchblende and is allied to titanium. "It has," he says, "a radiating power incomparably more intense than that of uranium."

# EYE, EAR, NOSE AND THROAT.

Conducted by David A. Strickler, M. D.

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## Chronic Suppuration of the Middle Ear.

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We are forcibly reminded from time to time that the humoral theory of disease is not wholly a matter of ancient history. We have with us the physician who looks upon a "chronic otorrhoea" as a good thing "because it drains the system of impurities that would otherwise break out in some other part of the body." How long he will remain with us must depend upon our ability to teach and his to receive the truth. Certain it is that a patient suffering from chronic discharge from the ear is in much the position of one playing with fire near a keg of powder. He may go through life without serious consequences, but there is not a moment when he is free from probable danger.

To fully appreciate this it is only necessary to recall the anatomy of the middle ear with its close proximity to surrounding vital structures. About it, and separated by a thin plate of bone, lies the jugular fossa with its vein; anteriorly we find only a thin plate of bone between it and the carotid canal; posteriorly it communicates with the mastoid cells, which in turn lie close to the lateral sinus. Any one of these osseous walls may be defective or absent. Whether defective or not originally, long continued suppuration means long continued inflammation of one or more of the walls, and in many cases, eventual involvement of one of these vital structures with probable death of the patient.

Many sudden deaths attributed to heart disease or apoplexy, are found to be due to brain lesions consequent upon chronic suppuration of the middle ear. More than half of all abscesses of the brain are due to suppurating ears. Not a few cases of pneumonia and typhoid (?) fever are due to septic infection through the lateral sinus and the jugular, but relatively few are properly recognized.

I would emphasize the fact that chronic suppuration of the middle ear is a constant menace to the life of the individual.

That the physician who fails to warn such patient of his danger fails in his duty, and if not criminally negligent is at least morally culpable. There is no possible danger from intelligent treatment and no reason why treatment should not be instituted. There is every reason why it should be.

It is not my purpose to go into detail in treatment. There are few remedies that have specific action in suppurating ears. The remedies must be prescribed on general indications. The most frequently indicated are silica, calc. fluor., mercury, sulphur, aurum, nitric acid. Any remedy in the *Materia Medica* may benefit if used on general indications.

Mechanical and local treatment consist in free drainage and thorough cleanliness of the ear together with the maintenance of proper nasal respiration—a nasopharynx free of obstructions or catarrh. Cleanliness implies the removal of all obstructions to thorough drainage, be they in the form of tumors—polypi, bony growths, or to small perforations. It often means the removal of carious or necrosed bone from one or more walls of the tympanum or the removal of one or more of the ossicles.

To obtain cleanliness often taxes the ingenuity and patience of the aurist, but it can be accomplished in nearly every case. When persistence and painstaking care will not dispel the odor, some more radical means should be adopted. The practical point to which I would call special attention is that a persistent offensive odor is an indication that the ear is not being properly cleansed. I am in the habit of basing my prognosis on the presence or absence of odor after two or three weeks careful cleansing with peroxide of hydrogen, boro-lyptol, chloro phenique or some other good antiseptic, with such drainage as I can get through the auditory canal.

Failing to dispel the odor, a more radical operation is advised.

It has been my good fortune to cure a number of cases—practically all treated—ranging from twenty to forty years' standing without radical operation. This almost universal suc-

cess leads me to favor conservatism in chronic cases when there are no acute symptoms demanding interference, though I am aware of the tendency among our European brethren to radical operations in particular cases.

D. A. S.

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### Clinical Phases of Extra-Uterine Pregnancy.

By Dr. A. H. Cordier ("Columbus Med. Jour.")

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1. Extra-uterine pregnancy is more frequent than is generally believed by most of the profession.
  2. When left to Nature's resources the mortality is very high, the patient dying from primary hemorrhage or, secondarily, from sepsis and peritonitis.
  3. The diagnosis is usually easy after rupture takes place.
  4. The surgical mortality, in skilled hands, when done timely, is very low.
  5. No case of ruptured tubal pregnancy is out of danger until after a good ligature has secured the bleeding points.
  6. The abdominal route is the best and safest manner of approach in these cases.
  7. Most cases should be irrigated properly, and drained after removing the diseased tube and liberating all adhesions.
  8. In all abdominal and pelvic diseases these cavities should be examined most carefully before making a diagnosis.
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The muscles of the human body exert a force of 534 pounds. The quantity of pure water which blood contains in its natural state is very great; it amounts to almost seven-eighths. The blood is a fifth the weight of the body. A man is taller in the morning than at night to the extent of half an inch or more, owing to the relaxation of the cartilages. The human brain is the twenty-eighth part of the body, but in the horse the brain is not more than the four-hundredth,—*Health*.

# THE CRITIQUE.

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## EDITORIAL.

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### What Will The Harvest Be?

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We are informed that the Colorado State Board of Medical Examiners is about to enter upon an investigation of the medical colleges now doing business in Colorado. Under what authority the board assumes this prerogative does not appear; but since nobody will object to such a procedure, it is not of much importance. We are in favor of the investigation provided the board will do its whole duty without fear or favor. In order to be of any real benefit to the community (for such we assume is its purpose) the investigation should be extended to and include all institutions, companies and individuals claiming to give instruction in the art of healing the sick. This would, of course, largely expand the scope of inquiry, and should include the Osteopathic schools, the colleges of Divine Science, the Christian Science teachers, the instructors in faith cure, and all others of like character. If the board is really in earnest, none of these can properly be left out of the investigation. If the work is to be thorough, systematic and impartial, then we are with the board. On the contrary, if it is to be partial, half-hearted, prejudiced and partisan, it will become the duty of THE CRITIQUE to expose the purposes of the board and lay them before the profession and the people.

The act creating the board expressly declares that it is "To protect the public health." This places the board under a direct

obligation to the public, and the people have a right to know what it has done or purposes to do as the authorized protector of the public health. When and in what manner the board has ever endeavored to fulfill this obligation to the public we have not been able to discover.

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It has been estimated that there are at least one hundred thousand people in Colorado who believe that disease can be better cured without the use of medicine. These are all good citizens, honest and sincere in their belief, who care nothing for the medical colleges or the medical profession. It should be within the province of the board to determine the status of this cult in its relation to the public health. If they are a menace to the public health, the board should tell us so, and tell us why.

Many other good and law-abiding citizens believe they can be cured by prayer and supplication. In these days of science and serums, it is believed by many that a touch from the hand of faith is safer and more efficacious than a shot from the piston of the up-to-date doctor. All these should receive the unbiased consideration of the board. In its endeavor to protect the public health the board should honestly seek to know the truth and proclaim it.

Medicine is not the acme of science or of truth. Even the board will admit as much. It is an open question whether the absolute and immediate abandonment of all drug medication would not be the best means of protecting the public health. The history of medicine shows that the question is a fair one, and it might be well for the board to consider it.

\* \* \* \* \*

The medical profession is beginning to realize that medical legislation in the United States has been a conspicuous failure. Instead of raising the profession in popular estimation, it has had exactly the opposite effect. The people look upon all such legislation as designed to curtail individual liberty, and to consider all medical laws in the nature of class legislation, designed to benefit a few only. They charge us with endeavoring to create a medical monopoly, and when we review the work of the medi-

cal boards in the different states, there seems to be some ground for the charge.

Any legislation which tends to limit the exercise of individual opinion is naturally obnoxious to the American mind, and it does look like a confession of weakness when a great and learned profession seeks the enactment of a law giving a small and not unbiased board the right to say who shall have the exclusive right to prescribe for the sick.

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No greater calamity could befall society than the establishment of one form of religion. The world has knowledge of the iniquity of such a condition in the past, and naturally looks with suspicion upon anything that even hints at a curtailment of individual liberty of opinion. There are many who believe that the establishment of one system of medical practice to the exclusion of all others, would be most pernicious in results.

\* \* \* \* \*

The more we know of medical legislation, the more we are convinced that the practice of the healing art should be untrammelled and unrestricted. It is a matter which should be left entirely to the individual members of society. To every rational person should be conceded the right to elect what manner of treatment he will have for himself. On the same principle, everyone who practices the healing art should stand entirely upon his merits before the public. No one is obliged to practice medicine against his inclinations, and no one should be obliged to employ him when he does practice. We believe the people are quite capable of selecting their own medical advisers, and no one should have the right to say them nay.

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There are about 1200 persons in the City of Denver who are practicing the healing art, with or without the use of medicine. Of this number about 700 are considered outside the pale of so-called legitimate medicine. All are more or less patronized by the people, and this patronage is based upon the confidence of individuals in the various methods of healing. There must be some reason for this anomalous condition, and it would be well for the board to investigate and give us an explanation.

WHAT would become of the regular, old school boards of health if they did not have tuberculosis with which to scare the people? It seems to be about the last resort. They are hitting the high places in Colorado now with expansive bulletins, and with threats to slaughter all the cows in the state. Why not stop the use of milk and give the poor cows a rest? Or how would it do to leave the whole matter to the intelligence of the people and let the doctors take a rest?

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DENVER's health commissioner is after the bread makers in the interest, of course, of the dear public; but has not a word to say about the beer makers, although good authorities say there is not a gallon of pure beer ever made in Denver. Many people cannot understand this, but in our city politics there is as much difference as there is between a slice of dry toast and a gin fizz.

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THE "Pacific Coast Journal of Homeopathy" begins the new year in a new form and presents a very handsome appearance. The Journal has passed into the hands of new publishers, but the editorial management remains in the hands of Dr. H. R. Arndt, which means that it will continue to be one of the best homeopathic journals published. The business management has been placed in the hands of Dr. C. L. Tisdale, who is capable of doing most excellent work in that department.

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That quackery runs rampant in spite of all medical legislation is a fact which stands beyond denial, and each year adds to the proof already accumulated that the people will go for medical advice where their fancy takes them. Appeals to their judgment are useless; the more ridiculous a claim, the more preposterous a theory, the more likely that it will insure attention and catch dupes, ready to part with bright dollars to prove the sincerity of their faith. Threats of punishment and attempts by prosecution to drive out of practice the various kinds of pretenders to medical knowledge who infest every town have so far had but one effect—to arouse sympathy for those whose proper place

is in jail or in a lunatic asylum.—*Editorial Pacific Coast Journal of Homeopathy.*

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The rapid-fire gentlemen of Kentucky are furnishing a large amount of experience to the native surgeons. If any of the latter are spared for a few years they ought to give the profession and up-to-date work on gunshot wounds.

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### A New Sanitarium.

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Dr. L. J. Ingersoll, of this city, has established a sanitarium at 414 Broadway, for the care and treatment of Mental and Nervous diseases—Opium, Alcoholic, Tobacco and Drug Habitués.

Patients needing the care and quiet of such an institution will find here a well equipped and managed Sanitarium Home, with all needful conveniences and comforts, and the very best of care, food and beds. The treatment of drug patients is painless, safe, and unusually quick in its effects. It requires but two to five or six days to entirely overcome the drug craving, even in the most advanced cases.

In the convalescence of patients, the doctor employs, in addition to medical treatment, mechanical massage and the Swedish Movements with great success.

We have visited this sanitarium, and are pleased with what we saw and learned. The doctor and Mrs. Ingersoll give personal attention to the comfort and welfare of all guests and patients.

Should our physicians call they will be most welcome, and their patients will receive the best of care and a most scientific treatment.

The Sanitarium has been in successful operation several months. It is doing good work, with every prospect of becoming a valuable acquisition to our Denver institutions.

## Notes and Personals.

A joint resolution granting permission for the erection, in Washington, D. C., of a monument in honor of Samuel Hahne-mann, was passed by Congress, January 29.

Dr. J. P. Sutherland has been elected Dean of the Boston University School of Medicine, *vice* Dr. I. Tisdale Talbot, deceased.

Dr. J. J. Thompson, Chicago, is collecting information and statistics concerning the treatment and its results in appendicitis.

Dr. J. Martin Kershaw, St. Louis, has favored us with three interesting reprints upon the following topics: "Chronic Purulent Otitis Media," "The Treatment of Pneumonia," and "Symptoms of Abscess of the Brain due to Inflammation of the Middle Ear."

The homeopathic members of the New Michigan Medical Registration Board are, Dr. M. C. Sinclair, of Grand Rapids, and Dr. Albert Lodge of Detroit. Dr. Sinclair was elected president of the board.

Dr. Francis Lane, graduate of Hering College, has located in Victor, Colorado.

The Ohio State Board of Health has arranged with sixty-seven physicians of that state to address Farmer's Institutes during the present winter, upon the subject of "Tuberculosis," with especial reference to cattle.—*Homeopathic Advocate*.

Michigan comes to the front with a law which makes it a misdemeanor for any person suffering with gonorrhoea or syphilis to marry in that state; it further imposes a fine of from \$500 to \$1,000, or imprisonment for a period not to exceed five years, or both fine and imprisonment. This is a move in the right direction.—*Homeopathic Advocate*.

Prof. H. M. Luken, M. D., Professor Diseases of Children, University of Minnesota, is a strong believer in vaccination.

The death rate in Chicago has increased enormously during the last few weeks. It is claimed the increase is largely due to diphtheria. Where is the never-failing serum?—*North American Journal of Homeopathy*.

At least one writer advises the return to the use of the feather bed, for the prevention and cure of rheumatism. The hard matt-

ress in common use rapidly conducts the natural heat of the body away and makes a great weight of bed clothing a necessity. There is wisdom in the advice, especially where bed rooms are inadequately heated.

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The latest plan for the disposal of the dead is by means of liquid air. It is claimed the whole body, including even the teeth, may be reduced to ashes in the short space of twenty minutes.

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The past month has been one of more than usual interest in Chicago, made so by the address delivered at Hahnemann Medical College, by Dr. B. F. Bailey, of Lincoln, Neb., President of the American institute of Homeopathy. Dr. Bailey took for his theme, what might be called, "The Truth about Homeopathy." Its preparation was prompted by a talk given a year ago to the students of Dunham Medical College by a certain allopath who for years has devoted himself to making attacks on homeopathy, such as Palmer for years used to indulge in at the University of Michigan. Dr. Bailey added greatly to his reputation as a thinker and a writer, by the masterful manner in which he handled his subject. When published, as it doubtless will be, it will make good campaign literature for our school.

The large amphitheater of Hahnemann was crowded with an interested audience.

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Dr. Frank Kraft has arranged for an excursion to the World's Fair by way of Montreal. This route has its advantages in some respects, especially in the fact that the sea voyage proper is much shorter than by way of New York, and also gives the tourists the pleasure of a trip down the beautiful St. Lawrence, if they so desire. Full particulars may be obtained by addressing Dr. Frank Kraft, 57 Bell Avenue, Cleveland, Ohio.

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Dr. William Capps, of Grand Junction, Colo., was elected to the office of County Physician by the unanimous vote of the Board of County Commissioners of Mesa County. This is the doctor's second term. He is also City Physician. There are eight old school physicians in the town.

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Dr. Anna M. Petersen, of Manitou, Colo. is devoting her whole time to the practice of medicine, and we are informed is doing a splendid business.

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Dr. C. E. Tennant's little daughter is recovering from an attack of inflammatory rheumatism.

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Dr. J. M. Blaine, the leading dermatologist of the old school, has been confined to the house for about a week on account of inflammation of the bowels.

THE CRITIQUE wishes to congratulate Dr. and Mrs. W. A. Corson, of 1861 W. 34th Ave., on the arrival of a ten-pound son.

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Dr. F. F. Laird, of Utica, N. Y., has moved to Los Angeles, California, where he will permanently locate.

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In the death of Mr. Edward A. Durbin, president of the J. Durbin Surgical and Dental Supply Co., Denver loses one of her young and progressive men. It was always a pleasure to do business with Mr. Durbin, and THE CRITIQUE feels it has lost a friend.

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#### THE ATLANTIC CITY HOMEOPATHIC MEDICAL CLUB—

In hospitality's warmest vein,  
 John R. Fleming bids again  
 On Friday next, with members all,  
 And sweethearts too, within the hall  
 Of Hotel Dennis; there to meet  
 In evening dress, and he will greet  
 With out-stretched hand and pleasure great  
 The Medical Club at hour of eight.  
 Some business then will claim attention,  
 And later, he would also mention,  
 With knife and fork and viands cheer  
 The guests will ope' the Club's new year.  
 Then come prepared with wit and mirth  
 To the Homeopathic Club's new birth.

Writh the Secretary by Thursday if you and your sweetheart will be there. The paper of the evening will be read by the host. 'Tis entitled:

"THE DOCTORS' ANXIETY."

JOHN R. FLEMING, Host.

LYDIA HERTS CRONWELL, Sec.

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### College Notes.

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In the department of Materia Medica the senior professor has recently been drilling the class on a group of remedies particularly adapted to relieve the disorders peculiar to women. It was discovered by members of the class that each of the remedies had an important action on the veins, and that venous engorgement of the pelvic viscera was a more or less prominent indication for a majority of the members of this group. What relation has the venous circulation to uterine and ovarian disorders?

The Belle Lennox Nursery has furnished the members of the senior class a number of very interesting clinical cases during the month. There have been seventeen cases of stomatitis, both aphthous and ulcerative, under observation and treatment. Two cases of measles. Also one very interesting case of congenital multiple enchondroma, which was operated on by Prof. George E. Brown, assisted by Professors Harris and Willard.

We have at the college the beginning of a medical library. It is in constant use by the students, and aids them very materially in the progress of their student work. We want a thousand volumes of medical lore for this college, and hope the profession will remember the importance of this matter, and as opportunity offers, help us with their contributions.

Prof. Brown says: The recognition and differentiation of heart murmurs is comparatively easy if the attention of the examiner is rightly directed. He must determine where the murmur is the loudest, whether in the mitral area around the apex; at the aortic area in the right second intercostal space close to the sternum; at the pulmonary area, second left intercostal space; or the tricuspid area. Having settled this point, he must decide when the murmur is heard in relation to the first and second sound—that is, whether it is heard during systole, synchronously with the apex beat or the carotid pulse; or if it is heard with the second sound or in place of it; or just before the first sound, that is, pre-systolic. Finally he must notice the direction in which it is transmitted. Now he must recall and apply his knowledge of the movement of the blood current through the heart, the mechanism of the circulation, and his diagnosis is readily made.

## Hospital Report.

### REPORT FOR JANUARY, 1900.

Number of Patients in Hospital Jan. 1 .....	10
Number of Births during month.....	2
Number of Patients Admitted during month.....	34
Total Number Treated.....	46
Number Discharged .....	20
Number of Deaths.....	2
Number Remaining, Feb. 1.....	24
Total.....	46
Number of Meals Served in January, 1900.....	3070

### Book Reviews,

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**CHILDREN ACID AND ALKALINE**,—By Thomas C. Duncan, M. D., Ph.D., LL.D. Formerly Professor of Diseases of Children, Hahnemann Medical College and Chicago Homeopathic College. Professor of Medicine and Diseases of the Chest, Dunham Medical College. Consulting Physician Chicago Foundlings' Home, St. Anthony Hospital, Cook County Hospital. Author of "Text-Book on Diseases of Children;" "How to be Plump," etc., etc. Boericke and Tafel, Publishers, Philadelphia, 1900. Price, cloth 75 cents net. By mail, 80 cents.

Professor Duncan has given us a very interesting little book that is well worth a careful perusal. While he does not claim entire originality in his discussion of the subject of acid and alkaline constitutions, yet he presents his views in such an origin-and plausible manner as to be quite convincing to the reader. There is much in the book to hold the attention, and many will find it very instructive. In the selection of foods the author follows the rule that "The law of the diet is contraria," and proceeds to show the manner of feeding infants according to this law. He divides children into three classes: the normal, the alkaline and the acid, and clearly explains the characteristics of each. The book is well written and handsomely bound and printed. Our readers will make no mistake in buying it. It contains much valuable information which the general practitioner can put to good use in the management of children.

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**LEADERS IN TYPHOID FEVER**.—By E. B. Nash, M. D., author of "Leaders in Homeopathic Therapeutics." Boericke and Tafel Publishers, Philadelphia, 1900. Price, cloth 75 cents. By mail 80 cents.

Whoever has had the pleasure of reading Dr. Nash's "Leaders in Homeopathic Therapeutics" will not be content until he possesses a copy of this little work on typhoid fever. No space is given to a description of typhoid fever or its pathology, but to its treatment and the selection of remedies, the author devotes his entire attention, in his own clear and convincing manner. Dr. Nash is a true homeopath and never becomes a mere routinist. He knows his remedies and how to apply them. His indications are always clean cut and practical, evidently based upon a large experience in the use of single remedies.

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**CONSUMPTION AND CHRONIC DISEASES**.—A popular exposition of the "Open Air Treatment" with latest Developments and Improvements. By Emmet Densmore, M. D., author of "How

Nature Cures," "The Natural Food of Man," etc., etc. New York. The Stillman Publishing Company, 15 Sterling Place, Brooklyn, N. Y. Price \$1.25.

Under the title "Consumption and Chronic Diseases," Dr. Emmet Densmore explains the celebrated "open air" treatment of consumptives, in all stages of the disease, at Dr. Walther's sanitarium, in the Black Forest of Germany, and at similar institutions in England and America.

The book is the outcome of the organization of the Society for the Prevention of the Spread of Consumption and Other Forms of Tuberculosis, of which the Prince of Wales is chairman. Some 25 branches of the society have been formed in England, and considerable progress has been made in the United States, so it is stated. The treatment, which is practically based on good food, plenty of rest and pure air, is explained at length in Dr. Densmore's book, with illustrations and specimen cases, showing the beneficial results.

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### Things to Remember.

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THE CRITIQUE has the largest circulation of any medical journal published west of the Missouri River. Hence it is the best medium through which to advertise.

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#### PROF. OF PATH-ODOGY.

"There was an old doctor, a-long ago,  
Who hired a fellow to shovel snow,  
But instead of a shovel he gave him a hoe,  
For he was a hoe-me-a-path, you know."

—*Med. Visitor.*

---

That the physiological assaying of drugs insures reliability and constancy in the action of remedies. Read all about it on front cover page of this issue. P. D. & Co.

---

It is with pleasure that we call attention to the advertisement of Mr. John Dove, on the second page of cover. Mr. Dove's Printing is first-class in every sense of the word, as we know from experience. It will pay you well to get prices from him before placing your orders elsewhere. His prices are nearly down to zero; but not so his work; that is always A1.

---

Winter seems to have come at last, and it is therefore in order to remind you that the address of Mr. White, the Plumber, is 1543 Champa Street.



# HYDROZONE

(30 volumes preserved aqueous solution of  $H_2O_2$ )

**THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.  
HARMLESS STIMULANT TO HEALTHY GRANULATIONS.**

# GLYCOZONE

(C. P. Glycerine combined with Ozone)

**THE MOST POWERFUL HEALING AGENT  
KNOWN.**

These remedies cure all diseases caused by Germs.  
Successfully used in the treatment of Infectious and Contagious diseases  
of the alimentary canal :

**Typhoid Fever, Typhus,  
Yellow Fever, Cholera Infantum,  
Asiatic Cholera, Dysentery, Etc.**

*Teaspoonful doses of Hydrozone, well diluted in a cupful of water,  
alternating with two teaspoonfuls of Glycozone, diluted with a wine-  
glassful of water, freely administered as a beverage, will destroy the  
septic element which causes the disease.*

Send for free 240-page book "Treatment of Diseases caused by  
Germs," containing reprints of 120 scientific articles by leading  
contributors to medical literature.

Physicians remitting 50 cents will receive one complimentary  
sample of each, "Hydrozone" and "Glycozone" by express, charges  
prepaid.

Hydrozone is put up only in extra  
small, small, medium, and large size bottles,  
bearing a red label, white letters, gold and  
blue border with my signature.

Glycozone is put up only in 4-oz., 8-oz.  
and 16-oz. bottles, bearing a yellow label,  
white and black letters, red and blue border  
with my signature.

Marchand's Eye Balsam cures all  
inflammatory and contagious diseases of the  
eyes.

PREPARED ONLY BY

*Charles Marchand*

Chemist and Graduate of the "Ecole  
Centrale des Arts et Manufactures de  
Paris" (France).

Charles Marchand,

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Sold by leading Druggists.

Avoid Imitations.

☞ Mention this Publication.

**PAPINE** IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGESTION.

Sample (12 oz.) Bottle Ethol Sent Free on Receipt of 25 Cts. to Prepay Express.

**FORMULA:**--One fluid drachm is equal in anodyne power to 1-8 gr. Morphine.

BROMIDIA  
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**BATTLE & CO.,** CHEMISTS CORPORATION, ST. LOUIS, Mo., U. S. A.

## BROWN PALACE HOTEL,

DENVER, COLORADO.



EUROPEAN AND AMERICAN PLANS.

1.50 AND \$3.00 PER DAY AND UP.

W. H. Lauth, 1619 Curtis Street, keeps all kinds of physicians' and surgeons' supplies. Surgical instruments, trusses, batteries and elastic stockings.

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The only hero who can stand the test and not make a fool of himself is a dead one—*Leavenworth Times*.

---

Pepto-Mangan ("Guide") will do more to restore normal function where there is anemia, chlorosis, or any run down, impoverished condition of the blood than any other remedy. Do not fail to try it in such conditions.

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The Business Principle.—Patient (after receiving his prescription)—"Thanks, doctor; God will repay you."

Absent-minded physician (taking out note book)—"Please give me his address."

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On page xiii. you can read all about the Columbia and Hartford bicycles, which are standard the world over. The 1900 chainless is about perfect.

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"I found a package of love-letters in the street yesterday."

"Did you advertise them?"

"Yes, I told my wife."

—*Cleveland Plaindealer*.

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The usefulness of GOOD Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession. We commend to the notice of our readers the advertisement on page xii. of this number. ROBINSON'S HYPOPHOSPHITES," also "ROBINSON'S HYPOPHOSPHITES WITH WILD CHERRY BARK" (this is a new combination and will be found very valuable), are elegant and uniformly active preparations; the presence in them of Quinine, Strychnine, Iron, etc., adding greatly to their tonic value.

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F. E. May, M. D., Bloomington, Ill., by enclosing a 2 cent stamp for particulars will tell you how to cure your goitre patients.

---

"Fat persons are generally amiable."

"Yes; I've often wondered whether they are amiable because they are fat, or whether they are fat because they are amiable."—*Detroit Free Press*.

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Send for free 240 page book, containing reprints of 120 scientific articles by leading contributors to medical literature, explaining the varied uses of Hydrozone and Glycozone, as prepared by Charles Marchand.

"Does the Northbound express stop at Arlington?" asked the passenger.

"It doesn't even hesitate, suh!" replied the polite porter.

Papine is the pain reliever, and produces no tissue changes. Manufactured and sold by Battle & Co., St. Louis Mo.

The progressive up-to-date R. R. is the D. & R. G. The equipment is first-class, the road-bed unsurpassed. It takes you to all the principal mountain towns. For particulars write S. K. Hooper, G. P. & T. A., Denver, Colo.

"I understand you're to be congratulated."

"Right you are, old fellow."

"So Miss Blinks is really yours?"

"Well, no; not exactly mine yet, you know. But I have a first mortgage on her."—*Chicago Post*.

THE CRITIQUE is in receipt of the 1900 Diary, compliments of Fairchild Bros. & Foster, which gives one blank page for each day in the year, with a short note at the foot of each page stating the virtues of their preparations. Remember Fairchilds' Digestive Ferments are the best on the market.

THE LATEST DEVICES FOR SWIFT, LUXURIOUS TRAVEL East and West are found on Union Pacific trains. The best line for Kansas City, Omaha, St. Louis, Chicago, St. Paul, San Francisco and the Pacific Northwest. Ticket Office 941 Seventeenth Street, Denver.

Jaggs: "My wife says she doesn't want any diamonds for Christmas; isn't that strange?"

Naggs: "Yes. What reason does she give?"

Jaggs: "Says they call for a lot of other fineries that she can't afford."

Naggs: "Oh, I don't know. I've seen women wear diamonds without much else with them."

Dr. Givens, Sanitarium, Stamford Hall, Stamford, Conn., treats all kinds of Mental and Nervous diseases and habitues of opium, chloral, cocaine and alcohol. Besides a large Sanitarium, he has numerous cottages fitted up with all modern improvements.

The Burlington the road. It has flying trains, sleeping, reclining chair, library and dining cars, all with wide vestibules and Pintsch gas. "When you take the Burlington you take the best." G. W. Vallery, General Agent, Denver.

# THE CRITIQUE.

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VOL. VII.

DENVER, COLO., MARCH 15, 1900.

NO. 3

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## Some Peculiarities Amongst Mexicans.

By F. C. McCurtain, M. D., Mammouth, Arizona.

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Mexicans as a class are very affectionate, and especially attentive to each other when sick; consequently when a doctor is called he usually finds the house filled with neighbors. I have made calls where the small house was crowded with men, women and children, all talking and most all sucking self-rolled cigarettes. They have many peculiar ideas of treatment. The doctor usually finds his patient with a round plaster on each temple about one inch in diameter. I do not know what these plasters are composed of. A bandage will be very tightly drawn around the head and a bandage around the abdomen, very tight, with a ball of cloth about the shape and twice the size of a goose egg directly over the stomach and bound by the bandage so as to press over the stomach and liver. They think the patient must not be touched with water while sick, and if very sick will keep several candles burning all night.

This being a very bilious country, have often found there had not been a movement of the bowels for from six to ten or twelve days. Their superstitious ideas leading them to believe when sick they must eat large quantities of strong food, and beans being their staff of life, one usually finds them upon a full diet of beans.

I find such patients with high temperatures, usually from 104 to 106, temperature in this country ranging higher than in the north for the same disturbance in the system. Pains about the liver and Mucha Mala Cabeza, or sick headache, is about all one can find out by talking to them. The tongue has a heavy

coating, the abdomen is bloated, pulse rapid. They have a bilious fever, which may be remittent or intermittent. There is too much alkali in the water here for the typhoid germ, consequently we have no typhoid fevers. Most of these people are more or less affected with hereditary syphilis. The weather not being subject to sudden changes, there exists but little pneumonia; in fact, nearly all sickness here is that pertaining to the liver in some way. Here is the mode of treatment I have been carrying out: Order all the neighbors away from the house (in fact they now don't think of going where one is sick after the doctor has been called, my treatment of the neighbors has been so strong). The next thing is to stop all food except of a liquid form; order a bath for the patient and see they get it; tell them to drink all the water they want, and without fail get a movement of the bowels. After the bowels have moved thoroughly, say three or four passages, I give what seems to be indicated by what I can learn by talking to them and observing their general condition. Sometimes it has taken a dozen compound cathartics to get a movement of the bowels. I had never used cathartics of any kind in my practice until I came here. Here I find a good cathartic on general principles is about the best thing I can prescribe even to Americans, for every one who lives here gets bilious, the old-fashioned biliousness from head to foot. I always believe the cacti in this country get bilious.

Mexicans have a peculiar way of handling confinement cases. About every second married woman is a midwife. They cord the abdomen and work with their hands trying to strip out the youngster with but very little help from the soon-to-be mother. Having most of the practice in this locality, by contract with three different mining companies, and an extra fee being charged for confinements, I am not called unless the Mexican midwife fails to strip out the baby after several hours of continuous stripping. Sometimes they suspend the woman in the air by tying a strong cord around her body just below the arms or in the axillary region. A German midwife, who has practiced here for many years and retired, told me she had been called when the soon-to-be mother had been suspended in this way for several hours.

Well, when called, I find the patient worn out, and has no knowledge how to help in the birth of a child. The instruments are soon applied and the youngster brought forth, who generally weighs about six pounds,—another wise provision of Nature, for if the children born to the Mexicans were large there would be many deaths of the mothers from child-birth. I was called to a case last month, about 5 A. M. on January 7th, and soon succeeded in delivering a primipara of a male child about the usual size. Upon calling the next morning I found the child could not pass its urine, but told them to give it some tea, which they often use as medicine, and next morning I found there were no results. Upon close examination I found there was no meatus urinarius, and proceeded at once to establish one. It was necessary to cut at least three-eighths of an inch before finding a canal, and I assure you this seems no small distance. A glass tube was introduced, but up to noon that day no urine was passed. At that time I prescribed one-drop doses of spirits of nitre every hour. Returning at 6 P. M. I placed the little fellow in a basin of hot water. After being in the hot water a few minutes I was pleased to find the little fellow could urinate. Aside from a little attention it gave me no further trouble, and is doing nicely at present. Have had many cases where homeopathic remedies did wonderfully good work. One of the most interesting cases was a Mexican, 58 years old, I was called to see last summer, who had had diarrhea for thirty-one days, and at the time I called I found he had had fifteen passages in twenty-four hours; had excessive thirst; he was very weak and his feet were badly swollen. I gave him *arsenicum alb.* 6x, one tablet every two hours, with relief from the first dose to complete recovery in a few days.

I find many of the so-called Hutchinson teeth with children, many glandular troubles, and unmistakable evidence of hereditary syphilis in a very large percentage of all Mexicans here.

The Mexicans here are intermarried with Yaqui and Papago Indians. I presume there is not so much syphilis existing with the true Mexicans, as they are a higher class of people, and many feel offended to be accused of being Yaqui or Papago decent. I was called, not long ago, to see a girl about eight years old, who

had enlargement of the maxillary and sub-maxillary glands of either side. Prescribed hepar. sulph. calc. Upon returning the second day I found as nice a proving of hepar, developing symptoms of an existing syphilis, as any one will ever find. It is useless to try and eradicate syphilis in these people, and I find it is not always best to stir up the trouble too much, but, as it were, patch up the present trouble as best you can and not try to treat a probably incurable disease when it is so thoroughly established in their very nature. I could recite many peculiar habits of the Mexicans, but time and space will not permit. Will save them for a future letter.

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### Petroselinum in Dysuria from Prostatic Enlargement.

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Dr. ———, an anonymous correspondent of the "Leipziger Populare Zeitschrift Homœopathic," Nos. 15-16, 1899, was consulted by a planter well along in life with a hypertrophic prostate, who complained of frequent urging to urinate, every half to three-quarters of an hour, with burning pains in the bladder and urethra. No albuminuria. Canth., sulph., cann. ind. were given without result, and on account of the suddenness of the urging to urinate, with violent and burning pains before and during urination, petroselinum 4 x was given, three drops in water every hour. In a few days his pains had disappeared and the tenesmus had decreased in severity. His prostatic trouble remained uninfluenced. (Sieffert, in all his indications for petroselinum, speaks of the urgent suddenness of the desire to urinate as characteristic.) It has an elective action upon the urinary tract affecting the mucous membrane; there is frequent desire to urinate, caused by a tickling sensation behind the navicular fossa. The urethral orifice is agglutinated by mucus; a milky discharge. In blenorrhea there is a sudden desire to urinate which is pressing. In cystitis there is a violent urging to micturate which is felt suddenly. In children with spasm of the bladder the tenesmus is experienced suddenly,—*Pritchard, in "Hahnemannian."*

# GENERAL MEDICINE.

Conducted by W. A. Burr, M. D.

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## The Bubonic Plague.

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Kitasato places the mortality of the Bubonic Plague as high as 80 to 90 per cent. In the February number of the "Pacific Coast Journal of Homeopathy," the editor sounds the following notes of warning to this country:

"The occurrence, even of what so far appears a mild form, of the Bubonic Plague in Hawaii, suggests the possibility of the invasion of this country by the disease. The present unusual activity of trade between ourselves and the Asiatic countries, affords various channels of communication, and any of the steamers touching the Hawaiian Islands may bring to our shores this most unwelcome visitor. The ports of San Francisco and of San Diego are especially exposed to danger from this source. \* \* Reports from Honolulu state that up to January 9, twenty-two deaths had occurred from the plague, the disease proving fatal in nearly every case. Most energetic measures are taken to limit its further spread."

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## Is Medicine Progressive.

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Dr. D. H. Killar, of Thurber, Texas, in writing on "The Germ Theory: What Profits It?" for a recent number of "The Medical Brief," said:

"Has medicine, as a science, retrograded, or has it improved? Do we cure a greater proportion of people sick with any disease than we cured of that disease forty years ago? The records show that we do not. They show that the mortality of any disease is just as great as it was the year prior to the birth of the germ theory. They show that a man dying of consumption, while ignorant of the germ theory, did not die one whit the quicker than

he would have died had he known all the microbes in the bacteriological dictionary. They show that were he dying of the disease to-day, a knowledge of the germ theory would avail him naught. Ne'er a rose would be blown upon his ashen cheek, and not a bit deeper would his respirations be, but, with all the talk of modern medicine, antitoxin, tuberculin, and the rest, he would die just as surely, and just as quickly. And so he would if he had the smallpox, or measles, or diphtheria, or pneumonia, or any other disease under the sun, and no germ theorist has dared to deny it."

(Dr. Kellar must be an old school physician, for no homeopathist would acknowledge that no progress has been made in medicine in the last forty years. A knowledge of bacteriology may not enable physicians to lessen the death rate, but a thorough knowledge of similia *does* enable physicians to lessen the death rate, as the records show.)

B.

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### Does Not Favor Quarantine.

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We do not favor the exclusion of consumptives from the state by quarantine regulations, but they should be placed under certain restrictions.

Sanitariums for persons suffering from tuberculosis should be provided, and these sufferers encouraged to enter them.—*Dr. M. H. Chamberlin, Monrovia, Cal.*

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### Dangers from Gonorrhea and Syphilis.

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How very few, except those who have felt their ravages, outside of the profession know anything about the terrible effects of gonorrhea and syphilis. The younger generations, it seems to me, should be taught regarding the sources of infection. We cannot, at present, think of any better way to inform the general public, than to teach the youth of sufficient age in all our public

schools the dangers of these diseases, and how they are acquired. The fact should be taught that every person who cohabits unlawfully is liable to become infected, because if either party is infected it is always concealed as long as possible.—*Dr. M. H. Chamberlin, Monrovia, Cala.*

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### Passiflora in Sciatica.

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Dr. D. N. Ray, of Calcutta, India, reports two cases of Sciatica where the acute form was relieved with Passiflora. He says in conclusion:

"I have no hesitation in saying that physicians will find in Passiflora a capital remedy to relieve the severe, acute pains of sciatica. The dose had been from one drop of the tincture to one quarter of a drachm, according to the acuteness of the pain."

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### Cures With High Potencies.

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Dr. A. W. K. Chondbury, of Calcutta, India, reports, in the February number of the "Homeopathic Recorder," the following high potency cures:

A case of *coryza* of a month's standing, with two doses of arsenicum 30th. The symptoms were, "Coryza with watery discharge, with stuffed up nose and sneezing. Nasal discharge excoriating upper lip and nasal orifice."

A case of chest pain in a Mohammedan, 60 years old. He had been exposed to rain, following which were pain, coryza and cough. Bryonia 6th cured.

A child, two years old, had "swelling under lower lids of both eyes; especially that of the left eye." One dose of apis 30th cured.

A woman about forty, residing beside a pond and having intermittent fever, quotidian type, chills seven to eight A. M., with prodromal thirst and fever during headache, was cured with natrum muriaticum 30th, one dose. She had been taking quinine without avail.

### No Thought of Quarantine.

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The State Board of Health, of Colorado, has sent out "advice" to consumptives and others in regard to tuberculosis. The following extract shows that the Health Board entertains no idea of quarantining tuberculosis cases:

"The State Board of Health wishes it to be understood that its efforts are not a crusade against the consumptive. In promulgating the following rules, its aim is to help him, as well as others.

"The consumptive often lessens his own chances of recovery by failure to observe simple precautions, and this failure also endangers the health and life of others. Therefore, the interests of sick and well are identical, and there should be no difficulty in securing the active co-operation of all concerned.

"Consumptives may be associated with us freely as though they were well, if they take due care; it is not the consumptive but the careless consumptive, who is the source of danger.

"Neither does the board wish to be misunderstood as to Colorado's climate. That this climate has saved the life of many who have come early cannot be doubted. There is no need to talk of quarantining against consumption. Such a course is both unnecessary and impracticable. Doubtless many persons with advanced tuberculosis should not be sent here, but for those who can be benefited by coming, Colorado should have nothing but a warm welcome."

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### Belladonna in Acute Enteric Affections.

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Belladonna is of great value in acute enteric affections. Even in specific infectious diseases of the alimentary tract, and in many cases where cerebral symptoms are not marked, this is a most valuable remedy.

In acute inflammations of the throat—as in tonsillitis and pharyngitis, where the mucous membrane is a bright red and dry with a sensation of constriction, making swallowing difficult—

this remedy affords complete relief, as attested by homeopathic physicians everywhere. In many of these cases the relief is almost immediate.

When there is a cutting pain in the stomach which is worse from motion and pressure, with vomiting, gagging, hiccoughing and great thirst made worse by drinking, Belladonna is most valuable and will cure in acute catarrh and gastritis, especially when there is high fever, even without cerebral symptoms.

In inflammations of the duodenum and other portions of the small intestines this will often be the best remedy, and in appendicitis the symptoms often call for it, and if properly administered it will allay the inflammation so far as to promote resolution and make surgical interference unnecessary.

Not only in affections of the small intestines, but also in the large, as in colitis where there is dysentery with greenish, slimy and bloody discharges and tenesmus, though neither high fever nor delirium be present, Belladonna will be the remedy.

We are apt to overlook this valuable polychrest in acute complaints of the alimentary tract, unless either high fever or delirium be present, whereas it is frequently the best remedy where both of these marked symptoms are wanting.

CASE—A tall light-complexioned man, thirty years old, was subject to acute pains and great tenderness in the illiac and hypogastric regions. Colocynth, arsenicum, bryonia and other remedies had been used from time to time, as the symptoms seemed to indicate, with but little temporary and *no* permanent benefit. Belladonna 3x gave prompt relief, prevented further attacks, and wrought a final cure.

B.

# MATERIA MEDICA

Conducted by E. Jay Clark, M. D.

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MELANDRINUM, according to Dr. W. A. Yingling, in the February "Homeopathic Recorder," completely antidotes and destroys the vaccine virus inoculated into the system.

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PYROGEN practically made one of its provers, an invalid for life. It has all the aching in the bones of Eupatorium, all the restlessness of Rhus, all the soreness in the flesh of Arnica and Baptisia. It has the loquacity of Lachesis, at first an exquisite delight and happiness like Coffea. Its diarrhœa is similar to Aloes; like Rhus it is relieved by motion but is made worse by heat. In chest troubles there is the rattling in the chest and difficult expectoration of Antimonium tart. and the soreness of the bones and muscles of Arnica, and Pyrogen will do more good than either of the remedies singly or in alternation. Chilliness is a marked symptom of this remedy. It is an excellent remedy when indicated in typhoid, scarlet and surgical fevers.—*Prof. Kent in "Journal of Homeopathies."*

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PSORINUM is our leading nosode and one of our most valuable remedies in the Materia Medica. It very much resembles Sulph., and yet should never be mistaken for it. There is a decided psoric condition. Allen, T. F., speaking of the skin symptoms of this remedy says: "The skin is generally yellow, dirty and greasy, with unhealthy eruptions, especially on the forehead and chest, with constant fretting and worrying. Irritation of the skin in various parts of the body; some distressing cases have been known of whole families tormented with constantly recurring body lice, cured only by this drug. The secretions are always offensive; there is easy perspiration, especially on the extremities; there is always great debility even with an extreme appetite. Various forms of eczema, worse in the warmth of the bed, always with a disagreeable odor. General tendency to glandular enlargements."

The stools are very offensive like rotten eggs or carrion, an

offensiveness that seems to saturate the whole patient, and no amount of scrubbing or cleanliness relieves. A patient, not long ago, complained that no matter how many baths a week he took there was always more or less of a sensation of uncleanness. One dose of Psor. 50m put his system in such a shape that the baths he took removed all odors. Another case of a child having a pustular eruption on the face following after vaccination. The spots seemed to prefer to suppurate rather than to heal, and were coalescing and growing in size. The skin was externally clean, but of a foul look and odor. Psor. cc, one dose, produced a cure. In the stinking diarrheas of babies it often modifies the odor without relieving the diarrhea.

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MEDORRHINUM has great forgetfulness, and, like the other nosodes, is perfectly hopeless of recovery. In many respects it is like Thuja, but while Thuja has disinclination to work, Medor. is in such hurry when at work as to get fatigued. It is a deeper acting remedy than Thuja, affecting more profoundly the nervous centers. Its headaches are characterized by great weight and pressure in the vertex. There is a coppery taste in the mouth, and eructations of sulphureted hydrogen. The patient is so thirsty that she even dreams of drinking. The urine flows very slowly. Aching pains in the limbs with inability to keep them still in bed, aggravated when giving up control of himself as when trying to sleep. Restlessness, cannot keep still, greatly relieved by clutching the hands. Soreness of the soles on first stepping on the feet in the morning. There is marked aggravation from daylight to sunset. This is only a very thin skinning of some of the peculiar symptoms of this remedy. Not long ago we prescribed it in a case of gonorrhea supposed to be cured, and the young man on taking a dose of the 200, dry, on the tongue, remarked, "that must be strong as I could feel it prickly through my whole tongue." The next day he was complaining of a tickling and burning sensation at the meatus, which was followed later by a light, gonorrheal discharge, gradually becoming less and less until patient was discharged cured. In another case the remedy was prescribed empirically for a vaginal gonorrhea of four days

standing where the patient seemed to have no idea of her symptoms other than the discharge. The result was a complete cessation of the discharge in less than two weeks.

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TUBERCULINUM (Swan), Baccilinum (Burnett), has been used empirically for consumption with very gratifying results. The proving of the remedy is very meagre, but shows, some forgetfulness, stupor and drowsiness. Loss of appetite. Diarrhœa at 10 P. M. and 3-4 A. M. stool watery, profuse and prolonged, preceded by sharp pain in the abdomen, accompanied by sweat and followed by great exhaustion. Fell asleep on sitting down in spite of people and noise around him. Great sexual desire. Profuse and exhausting sweat during diarrhœa. Clinical cases show a great fear of consumption. Prof. H. C. Allen, in his lectures says, it "can be administered especially where there is tuberculous diathesis, when carefully selected and well indicated remedies do not relieve or remain without any results."

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SYPHILINUM has a proving, Prof. Kent says. It is well known in the use of Psorinum, that psoric cases act badly after fevers. This is a part of the old practice. When the typhoid psoric patient begins to react, he lies in a quiescent state for many days, and sometimes many weeks in an apparently do-nothing condition. He will not die, nor will he get better. The old man gave psorium when the symptoms had subsided and the patient failed to react. Once on a time it occurred to me when I had a syphilitic patient from prolonged malarial attacks; he would not react but stayed in a passive state a long time, it occurred to me by analogy that Syphilinum would establish his symptoms more outwardly, would turn the current outward; whereas the whole current of disease was turned inward; the direction was wrong. I noticed he rallied at once after a dose of Syphilinum. It was a syphilitic condition. He had been mercurialized and cured (?) twenty years before." "If there are outside indications for a remedy, follow your indications always, but you will find that the case I want to emphasize is a case where there are no symptoms, weak, tried but does not rally, and in such instances the patient

threatens to die. Inability to secure indications for a remedy apparently indicated." "Now in old cases of syphilis it is well known after twelve, fifteen or twenty years, the patient has been in a state of quiescence, drugging has probably ceased, but the patient begins to lose his memory, he has brain fag, he is tired, he has periodical headache, lancinating pains through the eyes and head and back of the head and down the spine. His brain begins to give out, he has signs and symptoms of softening. He has had large doses of Mercury and Iodide and improper treatment. The syphilitic miasm is inhabiting his interior, his vital force. Now, in this gradual decline, mental and physical, syphilinum is necessary. You have no symptoms to prescribe on, or there are so few that it constitutes a one-sided case, but after the administration of Syphilinum he gets a more orderly state, and remedies will operate. I have seen, after a number of years, a state of wild excitement, violent delirium, throbbing carotids, red face, high temperature, entirely removed by a slight dose of Syphilinum; utterly useless to give Bell. and the acute, short-acting remedies in such cases; if they palliate to-day, the patient is much worse to-morrow, but in such a case of syphilitic insanity particularly, is this remedy suitable."—*Advance*.

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THE SELECTION OF THE REMEDY, Prof. T. F. Allen says, requires the doing of these things before consulting your materia medica, "(1) Get a list of the drugs which affect the localities complained of by the patient; (2) Get a list of the drugs which correspond to the sensations, and; (3) Get the drugs which have the same aggravations and ameliorations." The importance of these groups is in the inverse order above mentioned; the last is the most important."

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TEACHING HOMEOPATHY.—Dr. Frank Kraft expresses the editor's sentiments thusly: "It is a God's pity that representative men of our school cannot read Prof. A. W. Woodward and follow in his steps and style, when talking in public to a lay audience or to an intelligent class of students and forget the theologian—the scientific twaddle, the lusting after the fleshpots of the Egyptians and the aping after the modern fads of chemistry and

medicine—and just preach and teach Christ and Him crucified! That is to say Homeopathy: What it is; What it has done, and What it can do—and keep at that and keep at it still more and yet again more, until presently that audience, or that intelligent class will imbibe the impression that the speaker believes in it, and uses it and is not afraid to be accounted a homeopath who believes in the old, old story, the old-fashioned homeopathy.”—*The American Homeopathist*.

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LYCOPodium, when awaking exceedingly cross, irritable, scolding, screaming, behaving disagreeably.—*Rane*.

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AGARICUS should be remembered in delirium with greatly increased muscular power and activity.—*H. C. Allen*.

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The DIGITALIS patient is afraid to move for fear the heart will stop, a symptom just the opposite of that found under Gels.

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The GELSEMIUM patient on going to sleep is awakened by a feeling that the heart will stop beating unless he gets up and walks about.

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“The smaller the dose of the homeopathic remedy is, so much the slighter and shorter is this apparent increase of the disease during the first hours.”—*Hahnemann*.

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The CACTUS patient gets a headache from missing his dinner, provided the headache takes the form of pressure on top of the head, which is made better by more pressure and worse from talking or excitement.

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The suitability of a medicine for any given case of disease does not depend on its accurate homeopathic selection alone, but likewise on the proper size, or rather smallness of the dose.—*Hahnemann*.

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The true symptomalogist goes clear back and takes in the whole family history. There is no chronic disease where there is no constitutional predisposition. You cannot always trace a symptom to its pathological cause; so that leaving everything else out we have got to come down to symptomatology.—*Hawkes*.

# SURGICAL DEPARTMENT

Conducted by J. Wylie Anderson, M. D.

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## Inconsistencies.

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Why is it that many surgeons that are so particular and clean in a few things at the time of an operation, are so dirty in every other habit of life, who break with impunity, all the laws of God and man, whose moral and physical life is a disgrace?

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Why is it that the surgeon who talks the most about the germ theory, and continues to talk to hear his head roar about the dire results of germs, seldom ever owns a microscope?—*Exchange.*

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## Danger-signals in Chloroform Anesthesia.

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Koblanck, of Berlin ("Centralblatt f. Gynakologie," 1900 No. 17), calls attention to athetotic movements of the fingers occurring in cases of threatened chloroform asphyxiation—a danger-signal which has either been totally overlooked or barely mentioned up to the present date. These peculiar contractions of the fingers and wrists, often accompanied by irregular movements of the eyes, have nothing in common with the voluntary defensive movements of incomplete narcosis, as they occur only after total suppression of reflex contractility. They are in the nature of premonitory symptoms, and obtain while pulse and respiration are still normal and the pupils in a contracted or natural state, but irresponsive to light. If now the chloroform be pushed, we may look for the usual symptoms of asphyxiation. Prompt removal of the mask, however, is followed by subsidence of the contraction, while the anesthetic state continues as before, and respiratory or circulatory disturbances rarely set in at this juncture.

Koblanck ascribes these contractions to saturation of the

system with the anesthetic. In case of established asphyxiation he relies upon immediate hooking of the epiglottis with the finger, followed by artificial respiration (preferably after the Maas-Konig method), and has very little confidence in the usual plan of lifting the lower jaw and pulling the tongue forward with forceps.

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### Operation for Hemorrhoids.

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Dr. H. J. Schiff reports the successful treatment of seven cases of hemorrhoids, cured by the following procedure :

Each tumor was removed by encircling it with an elliptical incision; all bleeding vessels were ligated; and then the mucous membrane and skin were united by catgut sutures, in order to obtain union by first intention. The doctor makes these claims for this operation :

1. The patient is well in from three to five days.
2. There is less post-operative pain.
3. By the fourth or fifth day the patient is able to attend to his ordinary duties.
4. There is less danger of secondary hemorrhage than after the clamp and cautery or ligature operations.—*Dr. H. J. Schiff, in "Med. Rec."*

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### Treatment of Hemorrhoids by the Clamp and Cautery Operation.

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Dr. Laplace takes the position that there is less danger of *infection* or *hemorrhage* after the clamp and cautery than after the ligature, crushing, injection, or Whitehead's operation for piles. He publishes 175 cases treated by this method during the past ten years without the slightest accident from hemorrhage or sepsis. Of this number 110 were males, and 65 were females, and ranged in age from twenty-two to thirty years; the number of tumors present varied from one to six, in ten cases the proportions of the hemorrhoids almost amounted to a prolapse of the rectum. Five

cases were operated on by injecting a 5 per cent. solution of cocaine around the sphincter, after which it was applied directly to the tumors, with the result that the sphincter muscles were thoroughly dilated, and the piles removed by the clamp and cauter, the patients suffering very little pain during and after the operation. There has never been a relapse after any of his operations for hemorrhoids by the clamp and cauter method.—*Dr. Laplace, in "Med. Bull.," Phil.*

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### Wine and Beer that We Drink.

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Adolphus Busch, of the Anheuser-Busch Brewing Company of St. Louis, took a position before the Senate Committee on Manufacturers, antagonistic to that taken by many other brewers who have testified before the committee.

He appeared before this committee in connection with its investigation of food adulterations, and in reply to questions from Senators Mason and Harris, said that the best beer could be made only of barley malt, hops and water; that while corn might be used for ordinary beer, the best article could not be made from it. He contended that a proper process of aging was the only proper preservative of beer and that boracic and salicylic acids were injurious and deleterious to health. He recommended a law fixing a minimum of malt extract and other materials entering into the production of beer.

At the afternoon session of the committee, the testimony of a number of American champagne makers was heard. They were W. E. Hildreth, president of the Urbana Wine Company; E. R. Emerson, president of the Brotherhood Wine Company; D. G. Cook, president of the American Wine Company; D. B. Auder, president of the Pleasant Valley Wine Company, and C. G. Wheeler, president of the Lake Keuka Wine Company.

Their testimony was directed towards showing the superiority of American wines over the foreign, and they condemned in unmeasured terms the practice of sending abroad cheap, adulterated wines from this country and bringing them back decorated with foreign labels.

# GYNECOLOGY

Conducted by S. S. Smythe, M. D.

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## Ten Years' Experience With Alexander's Operation.

Abstracts from a Paper by A. Laphorri Smith, M. D.,  
in "The New York Lancet."

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DO WE EVER FAIL TO FIND THE LIGAMENT? This is a question which I am often asked by visitors to the Samaritan and Western hospitals, who remark upon the ease with which I find the ligaments. In reply I may say that since I have adopted my present method of operating I have never had much trouble. During the first year that I was performing the operation the ligaments in one case were frayed out on both sides and broke off so that I was obliged to at once perform a laparotomy and ventrofixation. In another case the ligaments broke off inside of the abdomen between the folds of the broad ligament, and I had to open up the inguinal canal (which I am always loth to do), and, slipping a pair of Pœan forceps into the internal ring, seize the remainder of the ligament, drawing it up and fastenening it to the internal ring, the operation resulting in a perfect success. In two other cases one ligament broke, but the other was good and strong and the uterus was anchored by it and remained up ever since. But I have had none of these troubles since seven or eight years, when I adopted the following method of operating: First I feel with the left finger for the internal inguinal ring, pressing firmly down on the spine of the pubis. I then cut down over this spot through the skin, superficial fascia, fat and deep fascia, and then I lay down my knife. All the trouble that I have had in those early cases, and all the misery that I have seen distinguished operators enduring, in different parts of America and Europe, while spending an unhappy hour in the vain attempt to find the ligaments; and all the hernias which have done so much to discredit a really good operation, all these misfortunes have been due to keeping the knife or scissors in the hand one instant longer

than I have mentioned, namely, after the shining white fascia of the internal oblique has been reached. The rest of the operation should be done with the finger only, aided by a pair of rather weak and smooth Pœan forceps, which, while closed, are glided gently into the canal a distance of half an inch. The intercolumar fibers which keep the pillars of the ring together, and are nature's safeguard against hernia, must not be cut if it is possible to avoid it. If the forceps are too strong and have sharp cutting grooves in them they may cut the round ligament right off. The forceps must only be used to draw out the first part of the ligament until we have enough to catch in the finger tips. Take great care to gather up the whole of the thin fan-like expansion by which it is inserted into the pubic bone and pull steadily until you see the round white cord surrounded by some thin membranous tissue, which is easily pulled off when the cord will glide freely out. The only trouble that I have now is that occasionally there is a tendinous expansion going from the ligament out to the pillars, which prevents it from pulling out freely. Sometimes this is so strong that it must be cut. Alexander does not touch the sleeve of peritoneum (or really broad ligament), which is drawn out with the ligament, but I think that it should be peeled back, as this enables us to draw the ligament nearly an inch further out. There is no danger of opening the peritoneal cavity by doing so.

SHOULD HERNIA EVER OCCUR AFTER ALEXANDER'S OPERATION? Not only do I think that it should not occur, but I do not see how it can if the operation is properly performed. I have done ninety-one, some of them ten years ago, and have seen or heard from most of them since, and I am certain that in none of these has a hernia occurred. But one well-known operator in this city has had 100 per cent. of hernia, having attempted the operation only once and having lost his way, abandoned the operation without having closed the opened-up canal.

Another well-known operator, who did about sixty operations, had 30 per cent. of hernias, and although I have never been present at his operations, I have been told that it was his practice to split up the canal in its whole length, when of course hernia is

almost sure to occur. These cases of hernia after Alexander operations going about the city have discouraged many suitable cases from allowing me to do the operation for them. As I have already mentioned, I take the greatest care not to hurt the inter-columnar fibers which hold the pillars of the external ring together. Another reason why I have had no hernias, and even in a few cases cured them when already existing previous to the Alexander, is because I have always anchored the round ligament with two or three buried silk-worm gut sutures, which pass through the two pillars of the ring, and which, when tied, support them so that hernia is an impossibility. Alexander, however, in his work, says that he has abandoned this practice, and now only uses a single silk-worm-gut stitch, which he removes in fourteen days.

#### THE ALEXANDER OPERATION AS A CURE FOR DISEASED OVARIES

When the uterus becomes retroverted the ovaries fall into Douglas' cul-de-sac, and then they begin to labor under difficulties, the worst of which is bad circulation. This may be because the broad ligaments are twisted and there is consequently a partial torsion of the ovarian veins, the blood being pumped into the ovaries, but not being able to get out of them; or it may be due to reflex action owing to the constant thumping of the retroverted fundus upon the ovaries. We all know that prolapsed ovaries are heavy ones, although it is not always easy to say whether they are prolapsed because they are heavy, or whether they are heavy because they are prolapsed. But one thing is certain, that as soon as the ovaries are brought up, the result of Alexander's operation pulling the fundus forward, the ovaries begin to recover themselves. I have observed this result in many of my cases, both of Alexander's and of ventrofixation, although in a few cases, where I have left diseased ovaries which I thought were bad enough to remove, but which their owners refused to part with, the result has been disappointing; the disease was too far advanced to permit of their recovery, even under these more favorable conditions. Alexander states that even when there are cobweb adhesions binding down the ovaries in the pelvis he still does not hesitate to perform his operation, and he claims that these

adhesions will be absorbed with or sometimes without treatment. In this I think he is mistaken. Judging from the difficulty I have experienced in breaking them up, even when I have had my two fingers in the abdominal cavity, I feel certain that these adhesions are never absorbed. It may be, however, that they may stretch; in fact, I have, after months of treatment with iodine applications to the vaginal vault and packing with boroglyceride tampons, succeeded in getting the fundus up out of Douglas' cul-de-sac. A pessary is badly borne in these cases, probably because it presses on the ovaries, which cannot escape from the pelvis, and I have never intentionally performed an Alexander operation when I was not perfectly certain that there were no adhesions. When there are adhesions we may always rest assured that the tubes are diseased and that their leaking into the peritoneum is the cause of the pelvic peritonitis with its effusion of lymph, the organization of which into fibrous tissue causes the layers of cobweb or veil-like adhesions, which are sometimes so difficult to break. For all such cases I prefer ventrofixation; first, because it enables me to break up the adhesions, and to thoroughly free the ovaries and tubes, so that when the uterus is brought up into the forward position there is no strain upon it; and, secondly, because it enables me to deal with the ovaries and tubes on sound general principles, namely, to remove them if they are hopelessly diseased, or to cut out the diseased portion if there is a hope of saving the rest.

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The true physician will take care to avoid making favorite remedies of medicines the employment of which he has, by chance perhaps, found often useful, and which he has had opportunities of using with good effect. If he do so, some remedies of rarer use, which would have been more homeopathically suitable, consequently more serviceable, will often be neglected.—*Hahnemann*.

# EYE, EAR, NOSE AND THROAT.

Conducted by David A. Strickler, M.D.

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In an article "On the Methods of Securing Antisepsis in Corneal Operations," by George W. Stewart, M. D., "Hah. Monthly," March, 1900, he recapitulates as follows :

"An ideally perfect aseptic state of the conjunctival sac is impossible to obtain.

"Chemical germicides are absolutely valueless as such in strength that may with safety be employed in corneal operations.

"The inevitable necrosis on the surface of fresh wounds following exposure to the influence of sublimate solutions in any strength imperatively excludes its employment during the making or healing of corneal wounds.

"An approximate asepsis of the conjunctival sac can with certainty and safety be obtained only by thorough and liberal irrigation with sterilized salt solution.

"A rigid and painstaking antiseptic technique should attend the performance of all operations of the cornea.

"In conclusion. To many it may seem rather an exaggeration of the danger to reopen the discussion of antisepsis at this late date, and urge the plea for more stringent precautionary measures. Some very recent operations in Continental Europe convince me, however, that carelessness and inaccuracy respecting ocular asepsis can supersede sound judgment, even in high places."

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SEPIA, which in many ways is similar to pulsatilla, is nicely differentiated by the modality of heat. Sepia keeps in motion because motion causes friction and friction causes heat, and sepia is better from warmth ; while pulsatilla moves only to give the stasis of blood motion, but if she moves too quickly she also causes friction, and this in time induces heat, and pulsatilla is made worse from heat.—*Kraft*.

# THE CRITIQUE.

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## EDITORIAL.

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### Why Are We Doctors ?

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At the time when priests administered to the physical as well as the spiritual needs of the people, the service was one of true philanthropy, without expectation of recompense or reward. Later, when the treatment of the sick was given into the hands of men supposed to be learned in their knowledge of disease and the administration of medicines, the philanthropic idea passed from the priest to the physician, and he was looked upon as one who served his kind for the glory of God and the love of humanity. It may be conceded that his prime motive was to alleviate the sufferings of the afflicted. The question of remuneration was secondary, and was left entirely to the caprice or gratitude of the patient. All through the history of medicine, even to the present, we find an unbroken thread of this ancient idea of the relation of the physician to the people: that he is first of all, a benefactor, giving his services to the sick, freely and gratuitously, regardless of self or the hope of reward.

Ancient and beautiful as is this sentiment in itself, and hal-  
lowed by many illustrious examples among the practitioners of  
our art, it is nevertheless true that there has been a gradual and  
uninterrupted departure from the original conception of the physi-  
cian's duties to one of a more or less purely commercial estimate  
of his relation to his patrons. Although we still cling, in theory,  
to the old, philanthropic idea, and dwell upon its beauties from

the rostrum in an endeavor to impress upon the student the noble and beneficent character of our profession, it is time, we believe, to abandon this sentimental adherence to an almost legendary notion and turn our attention to the practical side of our calling.

The practice of medicine to-day is, and should be, purely a matter of business, the same as that of the law or any similar pursuit. The medical student should be taught the commercial view of his future calling as well as the theoretical and technical. He does not devote four years or more of hard study to the acquisition of special knowledge for the sole purpose of becoming a benefactor to his race. His prime object is to prepare himself for the successful pursuit of a business by which he expects to earn a living if not a competency. He should be made aware of the fact that the more complete his preparation, the greater his acquisition of knowledge and skill, the greater will be his chances of success from both the professional and commercial standpoints. At the same time he should be impressed with the fact that kindness, benevolence and charity are most admirable in all the walks of life; that they especially adorn and beautify the work of the physician; that these great virtues should be as broad as his inclinations and his circumstances will permit, and that

"They serve God well  
Who serve His Creatures."

View the matter as we will, the fact remains that we are now in what may be called the commercial age of medicine. We practice our profession for what we can make out of it, but we are not on a good business basis, and the time has arrived when we should improve our methods and put ourselves in touch with the great business world by which we are surrounded.

Medical societies are all right in their way, and for strictly professional purposes, but there needs to be some form of business association, organized for the purpose of advancing the material interest of its members. Such an association properly conducted, could accomplish much for the profession in many ways. By it, our standing before the public could be much improved, and our ranks could be cleared of the incompetent and unworthy.

Through it we should learn to do business upon business principles, and our patrons would respect us and pay us as they do other business men.

All other lines of business are organized for mutual protection and profit. The medical profession stands alone, without unanimity, without concert of action, every fellow for himself, a conspicuous example of inefficiency and lax business principles.

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### The Health Commissioner Heeds Our Suggestions.

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We are pleased to note that Denver's health commissioner has been prompted, by our suggestion in the February CRITIQUE, to look after the beer makers as well as the bread makers, and he is now busily engaged in sampling the various brands of beer dispensed in this city. But why limit his investigation to beer?

Section 457 of the health ordinance of the City of Denver declares that—

"No person being the manager or keeper of any saloon, boarding house or lodging house, or being employed as clerk, servant or agent thereat, shall therein or thereat offer or have for food or drink, or to be eaten or drunk, any provisions deleterious or unwholesome, or poisonous substance, or allow anything therein to be done or occur prejudicial to health."

Section 504 provides that—

"The health commissioner may condemn or cause to be destroyed any fluid or substance intended for food or drink whenever he is satisfied that its consumption might be dangerous to health."

What a grand opportunity is thus afforded Dr. Carlin to serve a suffering community and effectually preserve the public health. The Clergy and the Christian people of Denver have been pleading with the Mayor and the City Council to help them in suppressing the liquor traffic. The Fire and Police Board

have also been exhorted to lend their aid in this work, but all claim that they are powerless against the saloons.

The discovery that authority to regulate the sale of liquor has been given to the health department, where it very properly belongs, ought to prove one of the very highest importance to the people of this city.

Placed upon the practical basis of protection to the public health, who is so well qualified to judge of the evil influences of the liquor traffic as the honest and conscientious health commissioner? He does not need to be told that the use of intoxicating beverages does more to injure the individuals' health than all other agencies combined. The worm of the still every year destroys more lives than all of the contagious diseases; or than war or pestilence or microbes, or all of these together.

The law distinctly declares that "The health commissioner may *condemn or cause to be destroyed* any fluid or substance intended for food or drink whenever he is satisfied that its consumption might be dangerous to health." The power thus vested in our health commissioner is clear and explicit. All that is now required to make the ordinance effective is a commissioner with sufficient moral courage to enforce the law. Is Dr. Carlin the man?

The energy and apparent sincerity displayed by the commissioner in conducting the ordinary affairs of his department, even to trenching upon the rights of his professional colleagues, leads us to believe that he will not fail to seize this opportunity of initiating one of the greatest health measures of the age.

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### Consumptives Will Be Welcome.

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In one of its recent bulletins the State Board of Health had the courage to state its position on the question of quarantining against consumptives, as follows:

"Neither does the board wish to be misunderstood as to Colorado's climate. That this climate has saved the life of many who have come early cannot be doubted.

There is no need to talk of quarantining against consumption. Such a course is both unnecessary and impracticable. Doubtless many persons with advanced tuberculosis should not be sent here, but for those who can be benefited by coming, Colorado should have a warm welcome."

This declaration of the board is extremely gratifying to us, for the special reason that THE CRITIQUE has been the only medical journal in Colorado to express an emphatic opinion against any form of quarantine, and for the broad general reason that it is right and rational. We know that strong pressure was brought to bear upon the board by certain influential members of the old school who were earnest advocates of quarantining the State against all consumptives, absurd as it must appear to any who will give the subject a moment's unselfish thought.

The position taken by THE CRITIQUE on the question was the only logical one for the board to adopt, and its present attitude will meet with the approbation of the great majority of the intelligent people of Colorado.

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THE State Board of Health has also decided to investigate the food and water of the State, and to that end will employ a pure food commissioner and a water commissioner; one to sample the various foods sold in the state, and another to test the suspected water.

That is all right, gentlemen. THE CRITIQUE pledges its support to every such laudable undertaking, but why limit your work to such minor matters as food and water? Why not go a step further and tackle the great evil of our times? So far as water and food are concerned, the people are reasonably safe judges of their purity, and little harm ever comes from that source. In order to accomplish a real good, something worthy of the board and of the state they represent, a liquor commissioner should be appointed. If such commissioner be fully qualified for the position, and is honest, he will tell the board that liquors are more destructive to health than all the tubercle bacilli that ever existed in the state. One saloon can do more harm to the peo-

ple in a given time, than all the adulterated food in all the stores of Colorado.

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### Food Adulteration.

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A congressional committee has been investigating the food manufacturers, and in its recent report to the Senate shows conclusively that many of the foods in common use are most viciously adulterated. Some of the witnesses examined by the committee, admitted that adulteration was a common practice among manufacturers and dealers. One dealer said that his stock of spices was frequently adulterated to the extent of sixty per cent. The principal adulterations used is cocoanut shells, which are used in all peppers, cloves, cinnamon, ginger and similar seasonings.

The committee will recommend legislation to prohibit the manufacture and sale of all harmful foods, and that articles of food which are merely cheapened by the use of adulterants shall be marked in such a way that their true character shall be known to the purchaser.

A bill is now pending in the Senate which provides for the establishment of a "pure food department" under the direction of the Secretary of Agriculture. Under its provisions, the sale of articles not up to a certain standard of purity will render them subject to seizure and confiscation. It is to be hoped that some effective legislation will be speedily enacted and put in force throughout the United States.

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### The Monument Fund.

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President McKinley has signed the bill granting a site to the Hahnemann Monument in Washington, D. C. Now let all help to raise the balance necessary to finish and put the monument in place. Every doctor ought to give something and give it at once.

THE CRITIQUE will gladly receive and forward subscrip-

tions to the Monument Committee. The next thirty days ought to see the fund completed.

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THE CRITIQUE is regularly read by a large number of our most influential citizens, and from these we have received many words of commendation. It is our purpose to make the journal clean and palatable for all classes of readers, lay as well as professional. In the discussion of questions pertaining to public health we shall endeavor to be just, impartial and fair toward all, reserving our right to freely criticise persons and measures whenever occasion demands.

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SO FAR as we have been able to learn, THE CRITIQUE was the first medical journal to advocate the suppression of the saloon as an advance measure for the protection of the public health.

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Formerly the spleen was supposed to be the seat of the affections, and the frequent allusions to it in the literature of the past is in accord with this idea. The following are examples :

"In all thy humors, whether grave or mellow,  
Thou'rt such a touchy, testy, pleasant fellow ;  
Hast so much wit and mirth and *spleen* about thee,  
There is no living with thee, nor without thee."

*Spectator*.—*J Addison*.

"For though I am not *splenetic* and rash,  
Yet have I in me something dangerous."

*Hamlet*, Act 5, Sec. 1,—*Shakespeare*.

"Then rode Geraint, a little *spleenful* yet,  
Across the bridge that spanned the dry ravine."

*Tennyson's Enid*, St. 11.

### Notes and Personals.

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The Bubonic Plague is in Yucatan, and persons coming from that country to El Paso, Texas, have to suffer quarantine.

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The new doctor needs the spirit of a Franklin in his discoveries, the spirit of a Morse in adaptability, the spirit of an Edison in invention, and, above all, the spirit of enthusiastic love for everything good. It was such a spirit that animated and pervaded the labors of Hahnemann.—*Dr. George W. Webster, Ravenna, Ohio.*

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Dr. A. R. Wright, of Buffalo, late President of the American Institute of Homeopathy at the Omaha meeting, died in Chicago recently. He had gone to Chicago from his home in Buffalo to receive treatment. Dr. Wright was one of the leading homeopathic physicians of this country.

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The new hospital soon to be built in Chicago by the Independent Polish Catholic Church, will cost \$150,000 and will accommodate five hundred patients. A full staff of homeopathic physicians will have complete charge of one-half of the patients. Nearly every month similar news comes to us from some portion of our country or the world. Verily homeopathy is making a record in hospital work as well as in private practice.

---

Christian Science seems to get favors from the Denver Public Schools. Parents believing in this cult have but to make request of the teachers, and their sons and daughters, whom they do not wish to have study physiology, are excused from so doing. They are consistent in not wishing their children to study anatomy, physiology or even hygiene, for there is *no matter*, according to their belief, and hence physiology and hygiene must be nothing but myths. How the boys and girls thus excused "pass" and finally graduate does not appear, unless they are required to take substitutes for these studies.

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Patient (coming into a doctor's office): "Are you in good condition?"

Doctor—"Yes; why do you ask?"

Patient—"I wish you to kick me all over town."

Doctor—"Why so?"

Patient—"Why my chronic hydrocele was doing well under your treatment, but one day one of these half-breed doctors—half Negro and half Indian—came along and said he had a salve that would cure the swelling in a short time. Like a fool I bought

some of his salve and applied it as he said, and you see the result. The swelling is harder and larger and more inflamed than ever before. What a big fool I have been! What can you do for me?"

Doctor—"What was the sensation when you applied the salve?"

Patient—"Oh, not much of any—only a little drawing feeling, but it has done no more good than so much water, and only made it worse."

And the doctor went patiently to work to try and make up for the valuable time lost, and restore the healing process which was progressing finely when the half-breed peripatetic came along.

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Dr. Peter Cooper has removed from Wilmington, Delaware, to Phoenix, Arizona, where he is associated with Doctors Woodruff and Bottin.

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Dr. Laura Stockdale is at the Homeopathic Hospital sick with inflammatory rheumatism.

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Mr. T. C. Roberts and Doctor Marian Wall, of Leadville, Colorado, were married on Thursday, February 8th, 1900. Congratulations.

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Dr. P. Phelps Collins, of Westcliff, has sold out his practice and goes to New Mexico.

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According to "The London Lancet," even the holy water used in the various churches of Holland was found to be contaminated with abundant bacterial growths such as staphylococci and other pathogenic forms. Two guinea pigs that were injected with the sediment from the font of a church in Amsterdam, died in thirty hours. The omnipresent germ has at last invaded the church and the blest holy water. Henceforth (according to bacteriologists) it will be dangerous to go to church if we but dip our finger into the holy water. We have ceased to use milk, eat meat, have eschewed water, and use as little air as possible because the deadly germ pollutes them. The only remedy left to us is to get off the earth.

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The CRITIQUE wishes to acknowledge the receipt of the following reports:

"Gall Stones, with Report of Cases," and "Tubal Pregnancy and Dermoid Cysts," by I. B. Perkins, M. D.

"Some Experiments Relating to Sterilization of the Hands," by Leonard Freeman, M. D. Also, "Surgical Diseases of the Kidneys," by the same author.

"Prognosis of Laryngeal Tuberculosis," by Robert Levy, M. D.

James Edwin Russell, M. D., formerly of Denver, Colo., where he resided in 1884, is located at 1032 Bedford Ave., Brooklyn, N. Y. In a letter to THE CRITIQUE he wished to be remembered to the profession.

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Dr. A. W. Pearson, of Spirit Lake, Iowa, is in Denver looking over the field with the purpose of locating.

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THE CRITIQUE is in receipt of the Thirty-third Annual report of the Homeopathic Medical and Surgical Hospital and Dispensary of Pittsburgh, Pa., which is complete in every detail. We hope to receive the reports of all the homeopathic hospitals in the country.

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More doctors, it is claimed, are kept busy in Australia than in any other country on the planet; at the same time, Australia consumes more animal food than any other country.

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Miss Flora E. King, Graduate Nurse, can be reached day or night through the Denver Fire Dispatch and Medical Conveyance. Phone 639.

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## College Notes.

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### Comments by a Junior.

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Prof. Willard is having his usual success this year in reveal the intricacies of materia medica. He has peculiar ability to impress the differentiation of remedies.

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Prof. Harris's scheme of instructing in surgery is much like Squeer's method. He lectures on a method, then goes and does it. He has been able to illustrate almost every subject covered by his lectures.

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Practical and objective instruction seems to be the watchword of most of the professors of the college this year, and Prof. David A. Strickler is one of the vigorous supporters of this doctrine. In his work in otology he endeavors to impress upon the students what to look for and how to see it in making examination of the ear.

---

Dermatology and diseases of liver, spleen and other organs, as covered by Prof. W. A. Burr under his branch of Theory and Practice, is up to the standard. Dr. Burr infuses good fellowship and kindly feeling along with his efforts to inject the idea of the practice of medicine.

Prof. Edwin J. Clarke has just worked the important subject of typhoid fever through the craniums of the "sleepy" Juniors and impressed the subject at the monthly exam.

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The cause of high potency and few doses is still being championed by Prof. C. W. Enos, who seeks to impress the value of this doctrine by his lectures on *materia medica* and clinical illustration.

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Prof. E. H. King, in his jovial yet practical way, is still reminding us of our childhood day and its mishaps, by his straightforward lectures in Pediatrics.

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Prof. Freyermouth is making strenuous efforts to give a few pointers to the Juniors and Seniors on the important position held by the skilful accoucher. We Juniors will try to do better work next time, Doctor.

---

Prof. H. K. Dunklee believes much in the maxim, "Line upon line and precept upon precept," and so when the class least expected examination, and before time was had to "cram" for the occasion, we were reviewed on some work gone over before the holidays.

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Too much cannot be said concerning the zeal with which diagnosis, both physical and medical, is being taught by Prof. G. E. Brown this year. Dr. Brown has had plenty of clinical material to illustrate his course of lectures at Uzzell's Tabernacle.

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## Denver Homeopathic Club.

Reported by Edwin Jay Clark, M. D., Secretary.

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The one hundred and sixty-second session was held at the Brown, on Monday evening, January 15, 1900. This meeting was the annual meeting.

The Secretary reported the average attendance of members at  $36\frac{1}{3}$ , slightly less than the previous year. The average attendance of visitors and members was  $38\frac{1}{6}$ , an increase over previous years. A detailed statement of the attendance was made. Of the members who had not been present during the year there were nine. The present membership is 46, a gain of five.

The Club expenses were \$51.60, and a balance was shown in the treasury of \$9.15.

The election of officers resulted in the selection of Dr. J. W. Harris, President; Dr. E. G. Freyermuth, Vice-President; Dr.

Edwin Jay Clark, Secretary ; Dr. J. B. Brown, Treasurer ; Doctors E. H. King, C. E. Tennant and C. M. Beebe, Board of Censors ; Dr. D. A. Strickler, Delegate to State Society ; and the President was authorized to appoint the Delegate to the American Institute.

The President, Dr. David A. Strickler, then called Dr. J. W. Harris, the President elect, to the chair, and addressed the Club upon "Some Practical Points in Medical Ethics."

#### THE GOOD OF THE ORDER.

An abstract of the President's address before the Denver Homoeopathic Club, on Monday evening, January 15, 1900.

After congratulating the club on having had the services of such an able and efficient secretary as Dr. Clark had proven himself to be, and asking a vote of thanks for Dr. Clark, he said in part :

"If I were to congratulate the club on any one feature in the past year, it would be on the entire absence of friction,—either factional or personal, the general good attendance and the large number of individuals who have, at one time or another, taken part in the program. The aim of the committee on program was that every member of the club should be given something to do. That everyone should be given something to do is a credit to any organization,—a policy which must result in great good to our club in the future. That some members should fail to respond to the opportunity is in accord with human nature the world over.

The club has done a good work, but its possibilities for good to the school which we represent and to the Homeopathic profession of Denver and vicinity have not been approximated.

It is of these possibilities and the means of attaining them that I would appeal. If I speak plainly it is because there is occasion for some radical changes and some clear thinking along the lines of uniting the homeopathic forces in Denver.

We have in Denver, seventy or more homeopathic physicians, with relatively as large a number of men of ability as any city with which I am acquainted. We have the Denver Homeopathic Club with forty-six members, and an average attendance of 36½. We have the Denver Homeopathic college, with a successful past and a favorable present. We have the Denver Homeopathic Hospital, neat and complete in its appointments, with a prosperous past and a flourishing present. We have THE CRITIQUE, devoted to the interests of Homeopathy,—a journal favorably known throughout the country for the amount of original matter, almost all of which is written by Colorado physicians, and for the originality and fearlessness of its editorial department.

With these various influences in building up the school, we have a divided profession.

One divided into small cliques, each member of which is distrustful of every other member in it, and all of whom fail to see any good motive back of any action not originating in his clique.

This unfortunate condition has gone so far that it is no longer "What do you represent?" but "*Whom?*" "If Dr. A., I'm against you; if Dr. B., I'm with you." When, look at it as you may, the difference between Dr. A. and Dr. B. is purely a personal matter, in which the general good of the cause is lost sight of. Woe to the peacemaker who suggests a compromise or advocates the acceptance of the good that may be found in each, with a charitable construction on his constitutional peculiarities over which he may have no more control than he has over the color of his hair or the shape of his nose.

Doctors' quarrels are omnipresent. I believe I can see some of the reasons for frequent misunderstandings. One of the most frequent causes is the "sense of proprietorship" in a patient or family consulting the Doctor

There are so many ways in which the "sense of proprietorship" in patients gives rise to misunderstandings that I can but mention the fact,—your memories will do the rest.

In this connection let me suggest that this is a free country in which each individual feels that he has the right to consult whomsoever he pleases, that no physician has any strings on him or his rights.

Feeling this the patient will consult the physician of his own choosing, and there is no occasion for the doctor's ill feeling.

Next I would place the autocratic disposition of the physician

With the successful physician autocracy is a matter of education and daily practice. He gives the directions for the care of his patients and expects them to be carried out as literally as would the autocrat of Russia.

This, in the sick room, is his right, and upon its exercise often depends his success.

It is when he associates with his medical brother who, like himself, is accustomed to giving orders, that his autocratic habits makes trouble. \* \* \*

It is this disposition to domineer on the part of one or other, to crush any who may oppose a leader, and to continue to nag those who were once our friends, that has placed the homeopathic profession of Denver in the unenviable position it occupies today.

There are two other matters I think worthy our attention as a school. I refer to the reluctance with which men of special attainment along individual lines are recognized, and to the general indisposition to council in doubtful or difficult cases. \* \* \*

I have long noted that the successful physician is the one most ready to call council, or to recommend the specialist. I am aware that his less fortunate brother thinks that he cannot afford to send patients to another.

Confidence in the physician is the element necessary to hold a patient. No patient loses confidence in the physician who shows that, at his own expense, he seeks the patient's good, and methinks, much of the success of his more fortunate brother is due to this impression given the patient. \* \* \* As a school we are too loth to counsel.

In conclusion.—How can we best change the condition in Denver, and accomplish the most toward advancing the interests of Homeopathy? Not by attempting to reform men of fixed habits and purposes,—life is too short. Not by allowing our personal feelings to overcome our better judgment, nor by punishing every man who has, at some time, differed from us, or who has seemed unnecessarily harsh in his criticism of some action of ours,—by this means we tear down faster than we can possibly build.

No! Let us begin by placing the good of the cause above the individual plane; by burying our personal animosities, and by leaving each other free to act according to the dictates of his conscience. I believe in majority rule. I believe in the honesty of the average physician. But the majority will advance the interests of any cause only when it is the result of free action on the part of the individual. Slates and preconcerted action on the part of a few would-be leaders is the curse of any organization of physicians, and he who would thus rule is an enemy to the cause.

Let us forget our present differences. Let us give each man an opportunity to do his own thinking. Let us aim to see the good, and to overlook the short-comings in our brothers,—we have our short-comings. Make each man feel that there is an individual work for him, and give him an opportunity to do it. It is when men are trusted that they do their best work. It is where men unite for the good of a cause that it makes its rapid strides.

With the advance of homeopathy every homeopathic physician is benefited, some more, some less, but every one is included.

Let each member of the club start out to do something toward bringing about a better feeling, and the work will be accomplished in such short order that all will be surprised and delighted. Will you do it?

At the conclusion of the address, after the adoption of votes of thanks to the President and Secretary, and the requesting that the address of the President be published in *THE CRITIQUE*, the Club adjourned.

There were present, Drs. Beebe, Burr, J. B. Brown, Beeler,

Abbott, Clark Freyermuth, Harris, E. H. King, Strickler, Tennant, and Willard.

Among the visitors were noticed Dr. Warren D. Howe, of Cañon City, and Drs. Julia D. FitzHugh and H. K. Dunklee, of Denver.

The President has appointed Drs. G. G. Freyermuth, George E. Brown and C. E. Beebe, Committee on Program; and Drs. C. E. Tennant, E. E. King and J. P. Willard, Legislative Committee.

## Annual Re-union of the Alumni Association of the Hahnemann Medical College, Philadelphia.

The Annual Re-union and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 17, 1900.

The Business Meeting will convene at 4.30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street above Race, Philadelphia, and the Banquet will be held at 9.45 P. M. at Horticultural Hall, Broad Street above Spruce.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Fifty-second Annual Commencement, to be held on the same evening, at eight o'clock, at the Academy of Music, S. W. Corner Broad and Locust Streets, Philadelphia.

Banquet Cards can be secured by notifying the Secretary. Requests received after Wednesday, May 16, 1900, cannot be considered.

W. D. CARTER, M. D., '94, Secretary,  
1533 South Fifteenth Street, Philadelphia.

## Book Reviews.

**KEYNOTES AND CHARACTERISTICS**, with comparisons of some of the leading remedies of the *Materia Medica*, by H. G. Allen, M. D., Professor of *Materia Medica* and the *Organon* in Hering Medical College and Hospital, Chicago. Second edition. Revised and enlarged. 318 pages. Cloth, \$2; by mail, \$2.10. Philadelphia. Boericke & Tafel. 1899.

The author says, "The object of this work is to aid the student to master that which is guiding and characteristic in the individuality of each remedy, and thus utilize more readily the

symptomatology of the homeopathic materia medica, the most comprehensive and practical work for the cure of the sick ever given the medical profession."

The rapidity with which the first edition was sold out is one of the best indications of its value and popularity. The second edition is twice as large as the first, many new remedies having been added and the old ones more elaborately treated. Among the interesting additions found in this edition are the chapters on the nosodes, something not to be found in any other book. The volume is very handsomely bound and printed and will be highly appreciated by every student of our Materia Medica.

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GOULD'S POCKET PRONOUNCING MEDICAL DICTIONARY. By Geo. M. Gould, A. M., M. D. Fourth edition. Revised and enlarged. 30,000 words. Philadelphia. P. Blakiston's Son & Co.

The immense popularity of Gould's Medical Dictionaries is well known to all. Over one hundred thousand of them have been sold in a comparatively short time. The reason for this lies in their completeness and accuracy. This pocket edition is a wonderful little book. Contains 30,000 words and in every way is a most desirable possession.

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## Things to Remember.

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THE CRITIQUE has the largest circulation of any medical journal published west of the Missouri River. Hence it is the best medium through which to advertise.

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That all who order their Commercial Printing of John Dove, are abundantly satisfied with the beauty of the work, the quality of the stock, and the lowness of the price.

---

In a neighboring town a Salvation Army advertiser wrote on a billboard, "What must I do to be saved?" A patent medicine man came along the next day and wrote underneath, "Take Carter's Little Liver Pills." Shortly afterward the Salvation Army man noticed the sacrilegious work of the medicine man and printed below, "And prepare to meet thy God."—*Sterling Herald*.

---

SANMETTO AS AN INTERNAL REMEDY FOR GENITO-URINARY CONDITIONS.—In all the inflammatory conditions of the genito-urinary tract, from the meatus to the pelvis of the kidney, the administration of Sanmetto is invariably beneficial. It not only renders the urine bland and unirritating, but also exerts a specific



# HYDROZONE

(30 volumes preserved aqueous solution of  $H_2O_2$ )

THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.  
HARMLESS STIMULANT TO HEALTHY GRANULATIONS.

# GLYCOZONE

(C. P. Glycerine combined with Ozone)

THE MOST POWERFUL HEALING AGENT  
KNOWN.

These remedies cure all diseases caused by Germs.

Successfully used in the treatment of diseases of the Genito-  
Urinary Organs (Acute or Chronic):

Whites, Leucorrhœa, Vaginitis, Metritis,  
Endometritis, Ulceration of the Uterus,  
— Urethritis, Gonorrhœa, — Cystitis,  
Ulcer of the Bladder, etc.

Injections of **Hydrozone** diluted with water, (according to  
the degree of sensitiveness of the patient) will cure the most  
obstinate cases.

Send for free 240-page book "Treatment of Diseases caused by  
Germs," containing reprints of 120 scientific articles by leading  
contributors to medical literature.

Physicians remitting 50 cents will receive one complimentary  
sample of each, "**Hydrozone**" and "**Glycozone**" by express, charges  
prepaid.

**Hydrozone** is put up only in extra  
small, small, medium, and large size bottles,  
bearing a red label, white letters, gold and  
blue border with my signature.

**Glycozone** is put up only in 4-oz., 8-oz.  
and 16-oz. bottles, bearing a yellow label,  
white and black letters, red and blue border  
with my signature.

**Marchand's Eye Balsam** cures all  
inflammatory and contagious diseases of the  
eyes.

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**PAPINE** IS THE PAIN-RELIEVING PRINCIPLE OF OPIUM. ONE CAN DISPENSE WITH OPIUM THE NARCOTIC; ONE CANNOT DISPENSE WITH OPIUM THE PAIN-RELIEVER. PAPINE PRODUCES NO TISSUE CHANGES, NO CEREBRAL EXCITEMENT, NO INTERFERENCE WITH DIGATION.

Sample (12 oz.) Bottle Echthol Sent Free on Receipt of 25 Cts. to Prepay Express.

**FORMULA:**--One fluid drachm is equal in anodyne power to 1-2 gr. Morphine.

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## BROWN PALACE HOTEL,

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EUROPEAN AND AMERICAN PLANS.

1.50 AND \$3.00 PER DAY AND UP.

action on the inflamed tissues, soothing and restoring the tonicity of the parts. Its tonic action on the prostate is of such a nature that it proves of equal advantage in cases of either hyperplasia or of atrophy, and there is no remedy so uniformly successful in the treatment of atonic impotency or pre-senility. I am fully of the opinion that Sanmetto represents all that could be hoped for or desired as an internal remedy for genito-urinary conditions. H. R. Webber, M. D., Univ. Md. School of Medicine, 1886, member of Am. Med. Assoc., etc., Chicago, Ill.

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SOME surgeons before coming to a decision [as to the advisability of operating in appendicitis] consult Bradstreet.—*Biggar*.

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Notwithstanding the large number of Hypophosphites on the market, it is quite difficult to obtain a uniform and reliable Syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including Iron, Quinine and Strychnine, etc., in perfect solution, and is not liable to the formation of fungous growths.

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BEST FOOD FOR BOTTLE-FED INFANTS.—"I consider Fairchild's Peptogenic Milk Powder the best preparation on the market for bottle-fed infants, especially those with cholera infantum or children gradually dying from inanition. These children will assimilate the 'Peptogenic' milk better than they will any other food."

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It is said that an eccentric undertaker in California advertises that "children will receive as careful attention as grown people," and as a catch phrase he uses, "You'll be glad you're dead if I bury you," which seems a questionable compliment. This, however, is not much worse than the New York doctor who advertises, "Come to me before life is extinct." Another instance of modern advertising is the following placard which is hung outside of the entrance to a Methodist church in northern Iowa every Sunday night during the regular services: "Souls saved while you wait—step in."—*Ad Sense*.

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Dr. Geo. E. Matthews, Ringwood, N. C., says, I prescribed Gude's "Pepto-Mangan" in a case of Anæmia with suppressed menstruation with the happiest results. The patient commenced improving at once and is in much better health than for years. I am convinced that it is one of the finest preparations I have used in cases in which it is indicated.

---

Do you want the best the country affords? Remember that Givens' Sanitarium, Stamford Hall, Conn., is the place one can obtain the best treatment for all forms of mental and nervous diseases. Also treatment for drug habits.

Little Clarence—Papa, what is the difference between firmness and obstinacy?

Papa—Merely a matter of a sex, my son.—*Four. Med. and Science.*

The most powerful healing agent known is Glycozone. Successfully used in the treatment of infectious and contagious diseases of the alimentary canal.

Recently a Detroit medical man told his tale at a professional banquet. His hearers divided themselves on the question of the taste he displayed in giving the story voice.

"Not long since," said the doctor, "a member of the medical trade died, and in due time approached the gates of the Beautiful Land. He was, of course, accosted by St. Peter.

"What is your name?" asked the aged doorkeeper.

"Sam Jones," was the reply.

"What was your business while on earth?"

"I was a doctor."

"Oh, a physician, eh?"

"Made out your own bills, I suppose?"

"Yes, sir."

"Collect 'em yourself?"

"Why—why—yes, sir," stammered the wondering shade of the physician.

"And then St. Peter threw wide the portals and said: "Go right in, my friend, if you've done that, you've had hell enough."

BROMIDIA IN THE TREATMENT OF EPILEPSY.—The "New Albany Medical Journal" for November, 1898, contains an article on "Epilepsy Treated by the Use of Bromidia," by T. Edward Converse, M. D., of Louisville, Ky., which, after discussing the use of medicines chiefly relied upon in the treatment of that disease, and giving the needful hygienic measures in considerable detail, concludes by referring to "the question often raised: 'How long will the patient have to keep up the treatment?'" If the bromides are given, they should be continued for at least two years after the last convulsion, or if combined with the chloral hydrate in the form of bromidia, a year and a half is sufficient in most cases. If the patient is having several attacks during the day, a teaspoonful of bromidia after the attack, and repeated in an hour, will abort the next attack; but, as a rule, one teaspoonful will be sufficient. —*Sanitarium*, April, 1899.

Are you much rushed, Foozer?

Rushed? If I were to die to-night, my employer would expect me to come down to-morrow and work until the hour set for the funeral.—*Hahn Institute.*

# THE CRITIQUE.

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VOL. VII.

DENVER, COLO., APRIL 15, 1900.

NO. 4

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## GENERAL MEDICINE.

Conducted by W. A. Burr, M. D.

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### Bright's Disease.

A carpenter, aged 35, had been doing some very hard work carrying heavy timbers. He was finally stricken down with Bright's disease, his first physician being old school. In a few weeks he came to Denver and received treatment from Homeopathic physicians. The urine was loaded with albumen and urea. He had general dropsy and was tapped ten times, six to twelve quarts of fluid, of the usual quality in such cases, being removed at each operation. He also had no less than four different periods of convulsions at intervals of about six weeks. Some of these were very severe, and in one case he was unconscious for days. The usual homeopathic treatment was used. Remedies were carefully selected in accord with *similia*, and given as indicated, but the disease was not arrested. It seemed as if he would surely succumb to the terrible convulsions. No less than four different physicians had part in his treatment, and every one pronounced him as absolutely beyond the hope of recovery, and thoroughly believed his remaining days on earth were very few.

The disease had now been in progress eight months, and the third stage was setting in. The patient, hearing of a case of extirpation of the kidney followed by recovery, besought his attendants to remove one of his. His case was so utterly hopeless that if such an operation would give him a chance in a thousand he was willing to run the risk for that chance. Dr. S. S. Smythe

being in consultation with me, we finally consented to the hazardous operation, hoping it might in some way do him some good.

The question at once arose as to which kidney to remove, but the symptoms during the general course of the disease seemed to point to the left kidney; this was the one first diseased and was selected as the one for the operation. He entered the Homeopathic Hospital, Denver, all preparations were carefully made, and the surgeons cut down through inches of dropsical tissue onto the kidney, which was found to be in the interstitial stage, it being of a dark red color and no larger than a small hen's egg. It being in this comparatively harmless condition it was allowed to remain, and the incision was carefully closed and healed by first intention, notwithstanding the abdomen became very much distended from the accumulated ascitic fluid and considerable tympanitis before the reparative process had become complete.

In three weeks from time of entry he was taken to his home, and in a short time had to be tapped again. Aside from the other remedies, he had taken iodine in the form of hydriodic acid.

It is now nearly five months since he left the hospital, during which he has had to be tapped only three times; and he has had only two periods of convulsions, and they were light. Most of the time for fifteen weeks he has been taking Gude's Pepto-Mangan. At intervals he would get out of his remedy and would perceptibly improve more rapidly as soon as he began to take it again. The blood had evidently become very poor in hemoglobin and blood discs, the very conditions the Pepto-Mangan has so frequently improved.

Terebinth 2x or 3x was of great value in the second stage. It would improve the quantity and quality of the urine every time when scanty and bloody. A distressing eczema disappeared under rumex 1x followed by sulphur 6x.

His temperature is now normal, the ascites is not increasing, his appetite and digestion are good, the quantity of his urine is a little above the normal, and not bloody. He is sitting up most of the time, and on the whole apparently improving, and is the

wonder of all who have been waiting so long for him to die. He walks around the house with comfort, and excepting a persistent headache and constant fear of returning convulsions he is comparatively comfortable. This very day I have exhorted him to abandon the idea that death is necessarily near at hand, and advised him to take exercise in the open air.

The operation seems to have been of great service ; the same may be said of the use of the Pepto-Mangan. The case is a most remarkable one ; the progress of the disease in the right kidney has apparently been arrested, and who knows but that he may yet fully recover ?

W. A. B.

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### Appendicitis.

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A woman, aged 53, was subject to severe attacks of rheumatism, of which she had had no less than four or five in her life, being laid up from two to six weeks each time. She again became prostrate with her old enemy. For ten days she was attended by divine science healers, who had given her large doses of crude sulphur. Her husband becoming dissatisfied, the healers (?) were dismissed and I was called to the case.

I found her with high fever, suffering from constant nausea and a diarrhea with frequent slimy and painful stools, pains in the back and limbs, and what was to her most intolerable of all, great pain, swelling and tenderness in the right illiac region. The center of this swelling was exactly over McBurney's point, its size was that of a common sized teacup and of and in shape that of an inverted saucer. Over this the skin was hot, shining and exquisitely sensitive to pressure. She could lie on her back only, and found relief from flexing the thighs on the body. She lay very quiet, moaning at every breath. I left belladonna 3 x, a dose every thirty minutes. Diagnosis, appendicitis.

She had craved buttermilk to drink, and this was allowed.

In a few hours I returned, taking with me a leading homeopathic surgeon, and we gave the case a careful examination. We agreed the case was one of appendicitis in the early stage. In

## THE CRITIQUE.

the few hours belladonna had greatly ameliorated the symptoms. The fever and swelling were less; also the pain. The belladonna was continued, and in three days the pain, the tenderness and *all* the symptoms of appendicitis were nearly gone. As these symptoms disappeared, the ordinary rheumatic symptoms became more prominent. Bryonia and rhus were used, for the most part in alternation, and in two weeks she was nearly well.

This was doubtless a case of beginning appendicitis, and belladonna was plainly *the* remedy. This speedily reduced the fever and inflammation and a cure effected through resolution. No local applications and no palliatives were used. W. A. B.

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## Paralysis.

A soldier of the Rebellion, aged 57, had lost his right leg from amputation at the middle third. He had acquired a great longing for tobacco, of which he used very much. He would awake in the middle of the night and smoke a cigar. He was finally taken suddenly with paralysis of the right side, soon became unconscious, and died in three days, under old school treatment. The opinion prevailed that the paralysis was due to the excessive use of tobacco.

Did the amputated limb figure in the case disturbing the general circulation and causing a general disturbance of the nerve centers? W. A. B.

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## Chorea.

A boy, aged sixteen, slender and generally delicate, was taken with a general chorea of the left side. Agaricus 4x brought about a great change for the better in ten days. Contrary to instructions he went skating and met with a severe fall on the ice, which greatly frightened him. He soon became much worse, and Arnica 2x was used in alternation with the Agaricus. He also received daily ablutions, along the spine, of

hot water followed by cold. In a week he was practically well again, to the great joy of his mother.

Was the arnica necessary, or would he have improved as before notwithstanding the fall and the fright, and of how much value was the hot and cold sponging along the spine? W. A. B.

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### Lumbago.

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A woman, aged 46, with acute lumbago, had the usual symptoms. She could be turned in bed only with great care. There was high fever with afternoon aggravations. Aconite gave but little relief, but Bryonia 3x, alternated with Rhus tox 3x, relieved the pain in a few hours, and effected a cure in four days.

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A woman aged 68 had been gradually losing in weight for six months from an abdominal fibroid, involving the uterus with extensive adhesions. A distressing nausea of weeks' duration was greatly relieved by Ipecac 3x. So great was the relief that she used the remedy for six weeks, and always with great benefit to herself, when the nausea finally disappeared.

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### Aseptic Surgery.

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Dr. Horace Packard, in an article entitled "Surgery Without Sepsis," published in the March number of the "New England Medical Gazette," closes with these paragraphs:

"The present scientific accuracy of surgery is beyond the wildest dreams of surgeons of one hundred years ago. It is difficult to comprehend how further advancement can be made. It is unsafe for us to prophesy, however, for this is an era of startling progress and bewildering discoveries.

"In viewing the subject in its broadest light, we must admit that in the future there is liable to be less surgery rather than more. Already some of the maladies for which surgery was formerly frequently invoked have been removed from the

realm of surgery, by preventive medicine. Diphtheria is an example. Tracheotomy and intubation have become obsolete. We are now hovering upon the brink of a discovery which will probably remove the necessity of surgery in malignant diseases. The same is likely to prove true in tuberculosis."

[Among homeopathic physicians the sentiment seems growing, of late, that "in the future there is likely to be less surgery rather than more," and it is very significant that so prominent a surgeon as Dr. Packard should make this admission. When all the surgeons come to be "physicians who can operate," then surgery will find its rightful place. On the other hand, when all Homeopaths come to be as well versed in surgery as they should be, there will be more cures than now, for *similia* will then be reinforced by all needed operations.—B.]

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### Solar Heat in the Treatment of Epithelioma.

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The utility of solar heat by means of a sun-glass, in the treatment of Epithelioma, is shown in the following case, reported by Dr. H. T. Webster, of Oakland, Cal., as published in the March number of the "Homeopathic Recorder:"

An elderly man had been annoyed for more than a year by an "indolent, oozy, ulceration in the left malar region," which had been decided to be epithelioma. Other treatment failing, the growth was burned off by a sun-glass. Only three or four cauterizations, a week apart, were needed to complete a cure. At such cauterization the parts were burned so as to smoke freely, and after sufficient time had elapsed for the slough to separate, the process was repeated and a perfect cure resulted.

Other cures are recorded by the same means. It is suggested that a new vitality is imparted to the adjacent tissues by the life-giving rays at the same time the malignant growth is destroyed.

W. A. B.

# MATERIA MEDICA.

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## Ceanothus (Jersey Tea.)

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### *Editor Critique:*

I wish to call your attention to a remedy that may prove to be of great help in some very stubborn cases.

It is a remedy that may not be so often thought of, but when indicated will give you great satisfaction. I refer to Ceanothus (Jersey Tea).

I think a soldier that wanted a drink of tea so badly as to substitute Jersey Tea for the real "stuff," wants tea very badly.

For I can assure you that all my provers of this drug did not enjoy it a little bit while using it, nor were they pleased with its after effects.

It possesses an inherent property which produces a splenitis and a hepatitis, both worse by motion and by lying on the affected side. So you can imagine one with both sides sore, sharp pains when touched, and can only remain on one side a short while at a time.

Also at same time an aching pain in the small of the back.

Pain in umbilical region.

Loss of appetite *with a dirty white coating on the tongue.*

Stools become a clay color.

*Urine of a distinct greenish color.*

Bile found in urine in two cases.

Sugar in urine in one prover, with a sp. gr. of 10.30.

Every prover had a general tired feeling, a *soreness and tired feeling in muscles of anterior part of thigh. A very pronounced symptom.*

In one case that had been troubled with malarial fever a few years ago, and was treated at that time with Quinine, was lighted up again

One prover had loss of flesh, pale face, rapid action of the heart, with the tenderness in spleen and liver.

Enough has been developed to indicate its use in hepatitis,

spleintis, certain forms of anaemia, malaria, and the so-called bilious troubles.

When the true action of this remedy is fully ascertained it will certainly be much appreciated.

J. C. FAHNESTOCK, A. M., M. D.

Piqua, O., Mar. 7, 1900.

### The Teaching and Study of Materia Medica.

It is a great error, in teaching *Materia Medica*, to lay stress on comparison with, or differentiation from, the actions of other drugs. The less said of this in teaching, the better. In chemistry when we teach copper we teach copper, and not its relationships, resemblances or analogies with other metals; we give its specific gravity, its color, its ductility, its chemical compounds and their behaviour, and everything pertaining to it, and when he learns iron, or nickel, or potassium, or hydrogen in the same way, he knows without teaching that these are not copper, and why they are not, and he also knows in what ways and by what reactions they resemble copper, and by what they differ from it. You cannot identify a photograph by measuring and comparing the features with other photographs by means of a pair of calipers or a micrometer scale.—*I. W. Heisinger, M. D.*

CRATÆGUS.—“The indications which called for it were as follows: Great pallor, irregular breathing, cold extremities, pulse 120 and very weak and irregular. This condition had existed for two days, only temporary relief being obtained from the use of *Strychnia* and the usual heart stimulants. Decided relief, however, was afforded by *Cratægus*, and a rapid and apparently permanent cure was established.”—*Dr. Prindle, in “The Clinique.”*

CONVALLARIA.—In the *Convallaria* case there is heart discomfort; there is fluttering and palpitation; a sudden stop, then a sudden start, that makes the patient faint and nauseated. The symptoms are aggravated by ascending stairs or by active exer-

cise. There may be organic heart trouble, or there may not be. The pulse is usually softer than common. In the so called "tobacco heart," and in "bicycle heart," Convallaria has no equal. It is a safer and better remedy in organic heart troubles than is Digitalis. It is a more powerful remedy in all conditions than Cactus. Its effects in mitral stenosis or insufficiency, or aortic regurgitation, are as beneficial as can be reasonably expected from any drug. Through its tonic action upon the heart and consequent diuretic effects, it frequently dissipates a dropsy due to mitral trouble. It lessens the pulse, and augments the force of contraction. In the same way a hydrothorax, a pulmonary stasis, the dyspnoea, palpitation and distress of the later stages of phthisis pulmonalis may be mitigated by Convallaria.—*Ec. Med. Jour.*

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ECHINACEA.—The physiological effects of toxic doses of echinacea are worthy of our consideration. When so given it will cause flashes of heat with intense itching, followed by a moist eruption of an erysipelatous nature. It has a decided influence on the blood and the mucous surfaces. The natural secretions are at first increased in quantity, thin and tenacious, resulting in ulceration and destruction of the secreting glands, which leaves the mucous membrane in a dry and harsh condition. This drug acts through the ganglionic nervous system; principally upon the blood and mucous membrane of the outlets of the body, strongly on the outer integument, considerably on the glandular system, slightly on the muscular, and apparently not slighting the sympathetic tissues. When chewed, the root imparts at first a sweetish taste, subsequently becoming acrid and pungent, and finally leaving a persistent tingling sensation, followed by a peculiar numbness of the tongue and fauces, which will last for hours. It slows the pulse to a marked degree, lowers the temperature, with cold extremities and sensation of numbness; a general headache, bursting in character, with flushings of the face, neck, and upper portions of the trunk, together with dizziness and noticeable general prostration.—*Dr. A. Waldo Furbuck.*

# SURGICAL DEPARTMENT.

Conducted by J. Wylie Anderson, M. D.

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## Harmless Germs.

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In the abundant talk about bacteria, during these later years, there is cause for alarm to those in whom "a little knowledge is a dangerous thing." If the air is swarming with bacilli, say they, where is safety? How shall the human organism protect itself?

At first, the wind of science swept us into mad generalization. Germs were everywhere, and all germs were harmful; therefore, the more food, clothing and coins were sterilized, the better for us. Then, when it was discovered that not only the food we eat, the air we breathe, but the surface and cavities of our bodies, swarmed with bacteria, while we might be enjoying robust health, it was decided that only certain forms of germ growth were harmful.

These were labeled with great care and ingenuity until it seemed as if every disease was at last provided with its specific cause; and as soon as that was done, a farther advance in science made us aware that even a specific disease-germ has no power except under favorable conditions, where the body is disposed to that disease.

Ferdinand Hueppe, the German professor of hygiene, has recently declared that the causes of illness can no longer be regarded as if they were as simple as a problem in botany. No germ, however deadly, can be the sole cause of disease, nor can it produce poisonous effects in more than one body in four, even though it enter them. The conditions prevailing in the cells and fluids of a given body may change the deadly germs of tuberculosis or cholera into harmless products.

"When no susceptibility to disease exists, we may harbor the bacillus with impunity."

Therefore, while no care should be omitted to bring about

the best sanitary conditions, we need not give way to hysterical horror over germs. By keeping the body in a condition of good general health, we are doing all in our power to thwart the criminal class of bacilli and to give the policeman germ a chance.—*Youth's Companion.*

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### Operating With Gloves

Has, we are glad to say, gone out of fashion in Germany. It never had any excuse except to save the surgeon from washing his hands thoroughly. Mickolicz, in Breslau, and Kocher, in Berne, still use gloves, although the latter is not so particular about them as he used to be. If any gloves are worn, the consensus of opinion seems to be that they should be made of rubber and not of cotton or silk. Everyone who has used them and discarded them said that they interfered materially with the tactile sense, and the aseptic results were not improved sufficiently to make up for this disadvantage.—Editorial, *Post-Graduate.*

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### Bacteria of Wounds Made Under Aseptic Precautions.

By Dr. Doderlein (*Muench. Med. Woch.*; Ref. *Brit. Med. Jour.*)

The author thinks statistics as to the aseptic condition of wounds drawn from the fact of healing by first intention to be valueless. He has made a number of experiments in cases of laparotomy by scraping the peritoneum and the wound before, during, and at the end of the operation with a sterile platinum loop and making cultures from it in Petri's dishes, and has found that the number of colonies which develop are directly proportional to the length of the operation, and the amount of manipulation of the abdominal contents. In spite of the constant presence of bacteria the operations ran a favorable course. The chief source of these organisms is the operator himself, as is proved by the failure of every device to prevent the bacteria in the air from

entering the wound to make any great difference in the number of colonies. Doderlein now believes that it is impossible to render the hands sterile. Even if the surface is made so temporarily, there is constant desquamation of epithelium during the operation which brings to light the uninjured organisms in the deeper layers. In this way he accounts for the great number of bacterial colonies obtained from originally sterile linen thread operation gloves. The following experiment is another proof that these organisms come chiefly from the operator's hands. If at the operation thin rubber gloves are worn under the thread gloves, and cultures are made from the latter, very few colonies will develop. Luckily, the unavoidable contamination of wounds with nonpathogenic bacteria is of no importance, and the wearing of rubber gloves at operations is only necessary if the surgeon's hands had been in contact with septic matter, and there is a danger of introducing pathogenic organisms.

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### A New Invagination Method of Intestinal Anastomosis.

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By Dr. Morisani (*Centbl. f. Chir.*, 1899, No. 32).

The author describes a new method of anastomosis which he has employed with success in a number of cases, and has proved by experimentation on animals to be technically efficient in all cases. A strip of mucous lining is removed from the inner surface of the distal end of the intestine, so that it permits the proximal end to be invaginated into it. When this has been accomplished it is held in place by fixation sutures, while a continuous suture unites the cut end of the gut, with its raw muscular layer, to the serous surface of the proximal or invaginated portion. The process of invagination protects the stitches and the line of union in a degree from contamination by the intestinal contents, while strengthening it against pressure from within. The denuding of the muscular coat where it is brought in contact with the serous surface of the proximal portion in the line of union, hastens the reparative process, and frees the wound from the contamination of the intestinal contents.

The histological examinations made on the experimental cases showed that firm adhesion is present in twenty-four hours, and that there is no contraction of the lumen of the gut. The method is free from the objections made where foreign bodies are employed, while the suture line is protected from infection from within the bowel.

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### Use of Mikania Guaco in Medicine.

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Mikania guaco has proved itself to be a most valuable remedy in cases of spinal irritation, more especially in those in which the patient is of a robust condition, of an excitable nature, and having in addition the following symptoms: Feeling of weakness in the lumbo-sacral region, accompanied with pains in the upper portion of the vertebral column, of a drawing, aching, or sticking character (very severe in their intensity), with pains in the extremities, without them being paretic, the parts affected being very sensitive to the touch. It has also proved itself a great remedy in paralysis from pressure on the brain or spinal marrow, commonly known by the name of apoplectic paralysis. It is very useful in those cases in which there is redness of the face, a violent headache and paralysis of the tongue. It is most effective when extravasation has brought on paralysis of the extremities or of the tongue, mikania guaco being one of the best (if not the best) remedies for this condition. The drug is of great service in the treatment of both acute and chronic paralysis resulting from extravasations of blood; it is of little value in exudations. A peculiarity also of the drug is that the paralysis of the lower extremities is speedily cured by its action, but that cases of paralysis of the upper extremities are only occasionally cured by it. The paralysis may be confined either to the right or left side of the body. In conclusion, mikania guaco is a very reliable remedy in spinal and cerebro-spinal irritation.—*Homeopathic World*.

# GYNECOLOGY AND OBSTETRICS.

Conducted by S. S. Smythe, M. D.

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## An Unusual Conclusion.

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In a recent very excellent paper on "The Diagnosis and Treatment of Cancer of the uterus," by Geo. R. Southwick, M. D., in the "Homeopathic Journal of Obstetrics, Gynecology and Pedology," the author reports the following case:

"Mrs. F. had one child five years previously, and puerperal fever afterward. She commenced to flow profusely two years after. The curette was employed and the scrapings pronounced benign adenoma of the uterus. The hemorrhage returned and she was repeatedly curetted and cauterized in the most thorough manner known to the old school. The scrapings were also examined repeatedly and pronounced hyperplastic endometritis, and later, in each of two operations six months apart, were diagnosed malignant adenoma or adenocarcinoma of the uterus, by two expert microscopists of both schools in this city. She had been operated on four times at intervals of three and four months before coming to me. It was evident that a benign growth was becoming malignant, if not already so, if the microscopical evidence was correct. She had just been operated on, when she came to me, and pending further developments, I gave her *thuja* and *sanguinaria*. She went three months longer than previously without a sign of recurrence. I then curetted and obtained less than a teaspoonful of tissue, and again the microscopical report was adenocarcinoma. Encouraged by the longer period of freedom from recurrence, I decided to continue the treatment rather than to perform hysterectomy. She went nearly a year without recurrence; and again I curetted with the same microscopical report. She went about sixteen months before curetting again, scarcely any tissue being removed. She has remained quite well and has now been under my care nearly eight years. The writer does not believe that he has cured a cancer, even though both

clinical and microscopical evidence seems to point in that direction, but one fact is noteworthy, the patient has steadily gained under homeopathic treatment and was steadily losing under old-school treatment, and this gain has been due to the use of *thuja* and *sanguinaria*, which was suggested by their action on polypoid growths elsewhere."

[From our own experience with *thuja* and *sanguinaria* in the treatment of cancerous conditions, we are led to think that Dr. Southwick is over modest and cautious in his deductions. The value of these two remedies in the treatment of carcinoma is not understood nor appreciated by the profession, and we are fully convinced that they are capable of curing a variable proportion of cases. They are especially adapted to adenocarcinoma of the uterus, when properly used, and more account and better observations should be taken concerning them.

We recall a case which came to us about three years ago, after much treatment by various gynecologists. Although the condition had been diagnosed as cancer of the cervix, we again submitted scrapings to the most careful tests by experts, with results that seemed to leave no doubt whatever as to the correctness of the diagnosis. *Thuja* locally and internally rapidly caused a disappearance of all the symptoms and the patient has remained in good condition up to this time.

Numerous cases of a less marked character than this one might be mentioned, which have been relieved by one or the other of these remedies, but our purpose at this time is simply to call attention to their importance in many so-called cancerous conditions of the uterus, and to urge upon the profession a more systematic test in all of their recent cases before resorting to more radical measures.

*Thuja*, aside from the general symptoms which would indicate its selection in a given case, is especially called for when bleeding is a marked feature of the neoplasm.

*Sanguinaria* will be found more useful in the dryer forms, and those more distinctly adenomatous in character.—s. s. s.]

# EYE, EAR, NOSE AND THROAT.

Conducted by David A. Strickler, M. D.

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OCULAR MASSAGE.—H. Wells Woodward, M. D., of Washington, D. C., relates his experience with the Dion (Paris) method of massage for the eye—(January "Journal of Ophthalmology, Otology and Laryngology")—for the purpose of improving vision and correcting errors of refraction.

He reports six cases.

No. 1 was a myope of 2.75 D. in right eye and 3 D. in the left. Vision before treatment 3-21. Began improvement at once, and after twenty-four treatments had vision of 3-12.

In case No. 2, one of compound myopic astigmatism, vision increased from 5-30 to 5-15 in twenty treatments.

In case No. 3, with myopia of many years standing, wearing R. E.—6. sph., L. E.—7.50 sph. with vision scant 5-60, improved in five treatments to 5-21.

Case No. 4, one of hyperopic astigmatism of high degree, with vision 5-18, after twenty-four treatments vision 5-12.

Case No. 5, one of hyperopic astigmatism, with vision 5-36, increased to 5-5 scant in seven treatments.

Case No. 6, one of myopia of low degree, with frequent headaches. Vision but little improved. The headaches practically disappeared after twelve treatments.

The doctor predicts that spectacle-fitting will be diminished in the future, and that spectacles will be "used as a temporary expedient rather than a life-long condemnation."

This would seem a rather roseate view of the future. Let us hope that other investigators may have like good results with ocular massage, which would seem to be a good thing even if it does not do all that Dr. Woodward predicts for it.

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MASSAGE AND THE RELIEF OF EYE-STRAIN IN THE TREATMENT OF GLAUCOMA.—George M. Gould, M. D. ("Canadian Journal of Med. and Surg.," Nov., 1899) reports seven cases of glaucoma treated by massage. Taken in the order reported.

No. 1 was a man 52 years old, with incipient cataract, a myopia of R. E. 6. D and L. E. 7. D. Vision, 20-100 with each eye, with correcting lenses.

The tension in R. E. was +1, of the left +2.

In six months' treatment by massage the tension normal in R. E. and but doubtfully plus in the left.

The myopia at that time was R. E. 4.50 D. and L. E. 5.50 D. with which vision was 20-70.

For three years the eyes were kept normal with vision at 20-70 and no increase in cataract.

No. 2, a woman of 66 in June, 1896, gave a history of glaucoma of four years duration. Nine months before the left eye had been operated, but the operation had proved a complete failure. The disc deeply cupped, vision was reduced to counting fingers. Tension +2. Massage almost immediately reduced tension to normal. With monthly treatments has remained painless, quiet, and with normal or very slightly increased tension.

At her first visit the R. eye had tension +1, which disappeared under massage and which continues under control with vision at 20-20 or normal, with correcting lenses.

No. 3, a woman of 57, who, in June, 1898, had been treated for glaucoma for two and one-half years by another oculist.

The vision was R. E. 20-40; L. E. 20-20 (?). Field of vision greatly contracted; disc typically cupped. Massage at once instituted, and two months later the tension was normal and field of vision doubled in extent. At this time the errors in refraction were properly corrected and massage discontinued, since which time there has been no symptoms of glaucoma and no trouble with the eyes. The field has become much more extended.

No. 4, a woman 52, with blindness from acute glaucoma. Permission to use massage was not granted for a month, but when instituted it soon brought down the tension to normal. All pain, etc., disappeared. The eye remains blind without retinal reflex.

No. 5. A woman, 59, had been under the care of different oculists, with repeated attacks of glaucoma, for six years. She

had refused to be operated. Tension, R. E. normal, media clear, glaucomatous cupping, vision 20-200, not improved by glasses. Tension in L. E. estimated  $+1$  and  $+2$ . Vision reduced to counting fingers. Disk cupped.

Massage at once instituted in both eyes, and after two treatments tension "hardly above normal" and improved vision. The refractive error corrected, giving R. E. vision 20-40; L. E. vision 20-30, since which time tension is normal and vision remains the same.

No. 6. A man of forty, glaucoma of one year's standing. Eserine had been used and at the time first seen the only evidence of glaucoma was a cupped disk of the right eye. An uncorrected error of refraction was believed to be the sole cause of glaucoma, when the doctor boldly refracted under a mydriatic, since which time, six months, there had been no trouble.

No. 7. A woman fifty-two, first seen in September, 1898, with history of headaches from childhood. First noticed blue rings about lights three years before, vision growing dim for three months, and for nine months there had been great pain in the eyes. Vision 20-50. Tension  $+1$  in both eyes. Massage at once ordered, and the next day tension was only slightly above normal in left eye. Refraction corrected and massage continued regularly. At the end of the year examination gave normal tension in both eyes.

The method of massage is carefully given and should be read by any one intending to use it.

The experiences of Drs. Woodward and Gould would indicate that massage of the eye bids fair to yield a rich harvest in practical results for the careful oculist.

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Germes in the ear-syringe have caused mastoid disease. Use a sterilized reservoir (and tubing) not more than two feet higher than the ear, and have the patient's head inclined toward the opposite shoulder. The stream should be constant, without force; and either warm or hot.

**Chronic Dyspepsia Successfully Treated with  $\text{H}_2\text{O}_2$ .**

By Geo. A. Gilbert, M. D.

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The case herewith subjoined is one of interest on account of its typical character, its long-standing, and its speedy recovery on the adoption of a rational treatment.

Peter H., æt. 40, Hungarian, farm laborer, applied for treatment at my office on July 1, 1899. He was a strapping fellow, mostly skin and bones, of about 170 pounds weight, and would not have been thought ill except for the prominent dark rings under his eyes, his injected conjunctivæ, and a drawn, hunted expression on his countenance, indicative of past trouble or imminent danger. The history he gave was somewhat as follows:

Six years previously, on his voyage to this country, he suffered from an attack of acute gastritis, attended with retchings of the most violent character. Soon after landing he recovered sufficiently to attend to his work; but he says he has "never been the same man since." In all this long period he has not eaten "a good square meal," nor enjoyed what he has eaten, the burning pain in the epigastrium, after meals, becoming so great occasionally that for fear of its repetition he has gone without food for two or three days at a time. Belching of enormous quantities of gas, too, is common with him soon after eating, thus evidencing the presence of undigested food with its resultant fermentation. The patient states, that in order to get relief he has spent all of his wages upon various doctors, specialists, quacks, nostrums, etc. and swears that he is worse to-day than on the day he first landed in this country.

On examination it was found that he was slightly feverish, pulse rapid, tongue flabby and heavily coated, while the teeth and entire cavity of the mouth were covered with a foul-smelling sticky mucous. That the stomach received, in the process of starch digestion, little or no assistance from the salivary glands of the mouth was plainly apparent. In deciding on the mode of treatment it was obvious that lack of the usual amount of gastric secretion must be met by restoring the physiological conditions upon which the secretion depends. In other words, in order to

relieve the inflammatory condition of the gastric mucous membrane and restore the function of the peptic glands, antiseptics were required. The patient therefore was furnished with a flask of Ozonized water, made of one part Hydrozone to four parts of water, and directed to wash out his mouth every night and morning, thoroughly cleansing the tongue, teeth and gums of the unhealthy mucous and any pathogenic germs it might contain. To destroy the microbic elements of fermentation in the stomach and dissolve the tenacious mucous there, a mixture of one ounce of Hydrozone with two quarts of sterilized water was made, and half a tumblerful directed to be taken half an hour before meals. Having thus procured a clean surface in the stomach, the patient was advised to take immediately after meals, a drachm of Glycozone, diluted in a wineglassful of water, for the purpose of enhancing cellular action and stimulating healthy granulations. Of course he was ordered to select his food with care, and eat regularly.

The result of this simple procedure was magical. Although for the first two or three days there was some discomfort after eating, this soon disappeared, and at the end of a fortnight the patient reported that for the first time in six years he was enabled to eat his meals without dread of subsequent distress and eructations of gas. (In the opinion of the writer the fermentation was thus quickly subdued by the active oxidation resulting from the liberation of nascent oxygen). The treatment was continued in this manner for another month and then gradually abandoned. On September 1st, the patient came to the office, expressed his eternal gratefulness, said that he weighed 185 pounds, and believed himself to be completely cured.—*New England Medical Monthly*, Dec. 1899.

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KREOSOTUM: THE MENOPAUSE.—Dr. P. E. Kritchbaum, Hahn, Adv.: Kreosote is useful in those cases that are characterized chiefly by the great offensiveness of the discharges. The flow is also intermittent. Fainting fits frequently attend the discharge of large clots of putrid blood.

# THE CRITIQUE.

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## EDITORIAL.

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### So the Profession May Know.

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In view of the dissensions which have prevailed in The Denver Homeopathic College Association during the past year, and which threaten now to totally destroy the institution, it becomes necessary, in justice to ourselves and for the information of our friends in and out of the profession, to briefly explain the position of the Editors of **THE CRITIQUE** in relation to the College and Hospital.

For five years we devoted a large share of our time and energies to the task of establishing a reputable medical college in Denver, which should be a credit to homeopathy and to the local profession.

From 1894 to 1899, harmony and good-will prevailed, and that period was marked by unusual growth and prosperity. During that short time a thriving school was established which commanded the respect and confidence of the entire profession. By the end of the fifth year a handsome college and hospital building had been completed and fully equipped—an accomplishment rarely witnessed in the progress of medical colleges in this country. The future of the institution seemed of the brightest.

At this juncture (April, 1899) a dark cloud appeared in our

midst. A little set of medical politicians, who had heretofore done little except to predict the failure of our enterprise, suddenly discovered that a great work had been accomplished. Without their aid the money had been secured, the building erected, the college equipped and the hospital furnished. Realizing that a fine nest had been prepared, these medical cuckoos surreptitiously appropriated it, and have ever since done nothing but befoul it after the usual manner of their feathered prototype.

Headed by Dr. B. A. Wheeler, a conspiracy was entered into with a view to getting control of the new college and hospital.

At the annual meeting in April, 1899, through trickery and misrepresentation of facts, appealing to the prejudices of some and maligning others, they managed to secure a majority of one vote in the association. Then, in direct violation of the statutes, they arbitrarily increased the number of directors from twelve to fifteen and thereby gained a majority of one in the directory.

A vigorous protest from the leading men in the faculty, notably Doctors Strickler, Burr, Anderson, Tennant, Enos, Harris and Smythe, the men who had made the college a possible success, was without avail in checking these illegal methods. The only concession that could be obtained was an agreement to submit the questions at issue to two well-known attorneys, Mr. F. A. Williams and J. Warner Mills, with the request that written opinions be submitted by each concerning the legal status of the newly elected board.

Mr. Mills, who, by the way, was a member of the Board and one of the Wheeler followers, never gave an opinion, though often requested to do so.

Mr. Williams promptly submitted his opinion, quoting the statutes and clearly showing that the new Board was an illegal

body. He also pointed out to them the only way by which they could make the Board a legal one.

This opinion was utterly ignored. The conspirators were not to be turned from their purpose, and Mr. Mills stood with them to cast the one deciding vote on all questions however illegal they might be.

Dr. B. A. Wheeler was elected president.

He was also elected superintendent of the hospital, thus holding the two most important offices in the organization.

The other officers were to his liking and of like proclivities.

The faculty, which before had always been considered an independent body, and to whose care was committed the active management of the college and hospital, was at once assailed by Wheeler.

The rights and privileges of the faculty were completely usurped by Wheeler and his associates.

Without the slightest authority radical changes were made in the training school for nurses, and the hospital committee, of which Dr. D. A. Strickler was chairman, was entirely ignored and its duties assumed by the conspirators.

Objections and pleadings by the loyal members of the faculty were useless. Appeals to honor, fraternity, the future of the school, the good name of homeopathy, were alike unavailing with this man and his followers.

As a protest against this tide of illegality and ruin, on the 26th day of June, 1899, Dr. Smythe resigned from both the faculty and Board of Directors, giving the following reasons therefor :

"I resign from the directory of The Denver Hemeopathic College and Hospital Association because I do not believe the present board was ever legally elected,

and because it persists in following irregular and illegal methods in doing business."

For practically the same reasons Dr. David A. Strickler resigned from the faculty, but under promises of reform, which never came, was induced to continue his services during the term.

As a further protest against the outrageous conduct of the president, Dr. J. Wylie Anderson sent in the following resignation from the faculty:

"DENVER, COLO., Oct. 16th, 1899.

*"To the Faculty of The Denver Homeopathic College and Hospital Association:*

"GENTLEMEN—Please accept this my resignation as a member of the faculty of your Association.

"As a reason for this action on my part, I desire to say, as is well known to every member of the faculty and of the board of Directors, that I have hitherto remonstrated against the illegal organization of the present board of directors, and my views as to the legal status of the board are unchanged.

"A further reason, and a controlling one, is that the board of directors have heretofore ignored and are now usurping the powers and privileges of the faculty, and wrongs which they have committed have not been righted, although a long time has elapsed.

"This objection has been stated to you by Drs. Smythe and Strickler, and I could not do better than to repeat their objections.

"I do not care to belong to a faculty which will submit to dictation by the board of directors.

"And, finally: I am informed that a large indebtedness has accrued during the last few months in connection with the college and hospital work of the Association, for which no provision is being made. That these operations are being conducted in an autocratic manner

without any accounting to or any demand for an accounting by the board ; that nearly six months have elapsed without any report of collections made by the president of this Association ; and that I am not willing to promote the work of an association which does not conduct its operations in accordance with strict business rules and in accordance with the By-Laws..

“Respectfully,

“(Signed) J. WYLIE ANDERSON.”

Dr. C. E. Tennant later resigned because of the insolence and injustice shown him by Dr. Wheeler, but was induced to remain on duty for the balance of the year.

Altogether it has been a trying year for the friends of the college and hospital. The session has been characterized by strife and turmoil. Dr. Wheeler has pursued a most reprehensible course toward the faculty on all occasions, and seemed bent on destroying the very institution over which he presided.

While the great majority of the faculty have been zealously and honestly engaged in building up the college and hospital, it is now apparent to all that Dr. Wheeler has, from the beginning, been secretly scheming and plotting to pack the board of directors, with a view to getting control of that body.

His purpose in doing this can be ascribed to nothing less than envy and malevolence, because, under present conditions, without the support of the men who have left the faculty during the past year, it is not possible to maintain either the college or the hospital.

The few physicians who are now blindly following the lead of Dr. Wheeler, possess neither the capacity nor influence to successfully conduct a medical college, and the records show that they seldom or never have patients in the hospital.

Finally, on the 24th day of March, 1900, he and his coadjutors held a snap meeting at which measures in derogation of

the rights of the faculty were adopted which forced a climax, and the following professors immediately sent in their resignations: J. P. Willard, D. A. Strickler, C. W. Enos, J. W. Harris, C. E. Tennant, W. A. Burr, S. S. Kehr and George E. Brown.

The patience and forbearance of these men were exhausted. They could no longer stand up under the arbitrary, illegal and unscrupulous interference of this, the principal officer of the Association.

The outcome is clear to all who are familiar with the conditions. Under the present regime, it means the destruction of the school, and the president, B. A. Wheeler, is responsible for this most deplorable result. He has done that which no sane man could contemplate with other than feelings of shame and regret.

Last September he deliberately violated his obligations to the American Institute of Homeopathy by publicly advertising a secret remedy for drunkenness, drug habits, etc., etc.

In the December number of *THE CRITIQUE* we called attention to this unheard-of transgression of the code on the part of a college president, and called upon Dr. Wheeler to resign his position if he had left in him any regard for decency, the reputation of the school, or the honor of his profession. Like every other appeal, this one passed unheeded.

It is therefore, not surprising that such a man should deliberately and by political methods, in which he is well versed, work the destruction of the Denver Homeopathic College as soon as circumstances gave him the opportunity to exercise his peculiar methods of disintegration.

Much as we regret to chronicle this unfortunate bit of history, candor and self-respect demand that the profession be fully informed concerning the lamentable occurrences of the past year in the Denver Homeopathic College.

For a long time we have refrained from giving publicity to these things out of regard for our friends who remained in the faculty, and who thought it possible to eventually bring about a more favorable solution of their troubles. We regret as much as they possibly can, their lack of success, and honor them for the stand they have now taken.

That Dr. Wheeler has forfeited the respect and confidence of all reputable physicians is beyond controversy. He has repeatedly violated the fundamental principles of medical ethics. He stands convicted as an advertiser of secret remedies. He has driven from one of our most cherished institutions the men who built it up and the only men who could successfully maintain it. To do this he has resorted to intrigue, deception and treachery. He has knowingly violated the laws of the State. He has brought disgrace and calumny on his profession. He has done many things which should exclude him forever from fellowship in the medical fraternity.

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### Let It Be Repealed.

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That part of the city ordinance of Denver concerning reports of births which requires physicians to make monthly reports whether they have had any obstetric cases or not, should be repealed. The city physician is justified in enforcing the ordinance so long as it shall remain in force, but he ought, out of regard for the profession, to ask the city council to repeal the ordinance at once. It is simply ridiculous to lumber up the records with blank reports and to impose upon the doctors a service which is absolutely without value to any one. All physicians should be willing to aid the health officials in securing correct vital statistics, and we believe they are quite ready to do

this ; but to require them to report on the first of every month that they have not engaged in certain lines of practice is too absurd for serious consideration.

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### The Physician as a Business Man.

By David A. Strickler, M. D.

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This may not be strictly an ethical question but it is not wholly outside the pale of ethics, and is an important question to us as physicians.

When we look about us and see how few busy practitioners lay up anything for the future ; how few of them seem to have money to spend on themselves and their families, and how few of them really present the personal appearance of successful business men, and when we compare this state of facts with the view of the general public that physicians make money easily and take in large amounts of it, we must conclude that there is something radically wrong somewhere. Either he is profligate in the use of money, or else he does not collect anything like the amount credited to him.

He may be a profligate in his expenses, but as a rule he is not a good collector. In fact he is notoriously a poor collector.

Some years ago a sewing machine agent tried to convince me that physicians make lots of money. His chief reason for thinking so being, that every time he tried to sell a machine one of the reasons given for not buying was, that the family owed a doctor's bill and could not afford a sewing machine. Hence he concluded that the doctors must get large sums of money.

I told him that he drew the wrong inference. The fact being that the doctor's bill is the last paid, consequently if any bill is owed it is the doctor's bill. If they wanted the sewing machine ten chances to one they would buy the sewing machine and continue to owe the doctor's bill.

Unfortunately, the doctor cannot pay for groceries, medicines, instruments, books, etc., by unpaid bills.

The business of the world to-day is essentially on a cash basis. If you make a purchase at any store for which you do not pay at the time, you expect a bill promptly on the first of the following month. Failing to so receive it you would think the merchant unbusinesslike.

If it be the proper thing for the merchant to send his bills promptly, it should be doubly the duty of the physician to do so as professional services are most appreciated at the time rendered.

The patient who spends an hour in consultation with you to-day, and pays for it, will always feel that the money was well earned. In thirty days, if the bill remains unpaid, he is sure that you gave him no more than thirty minutes and much of that in discussing outside matters. Sixty days later he is positive that he could not have been in the office more than fifteen minutes, and that you never did him any good anyway.

So long as the bill remains unpaid he remains away from you, and when in need of professional services again will employ some competitor, simply because you were not just to yourself in pushing your claim while the services were fresh in his mind. This is human nature the world over. The few exceptions to it only serve to emphasize the fact.

The best time to talk business and to have an understanding with doubtful or strange patients is at their first visit. It will many times give one an insight into their true character, that he might otherwise fail to get until too late to do him any good.

If a man were to constantly make use of this knowledge, a good practice would yield a good income.

To further the matter of collections, there should be associated action on the part of physicians. By long custom of bad collections on the part of physicians, the slow paying portion of the laity have, like the impecunious renter, learned that it is cheaper to move than to pay rent. They move from one doctor to the next, and treat all with equal courtesy. The physicians should form an association for mutual protection. The habitual dead beat should be listed and treated as he would be treated by merchants under similar circumstances.

I am aware that such organizations have been in existence but the physicians are always half hearted in their support, therein showing their lack of business acumen. So much by way of collections.

I do not know that the physician as a rule spends money more freely than men of similar standing in other walks of life, but he rarely keeps an account of his expenses, and consequently rarely knows at the end of the month what has become of his earnings.

Running hand in hand with the above, he is rarely a good book-keeper. When he shuffles off this mortal coil his family can seldom realize on his book accounts.

Considered in his relationship to his medical brethren in the financial management of corporations such as hospitals, colleges and sanitariums, he is notoriously deficient in business methods. He rarely forgets his professional reputation long enough to do financial justice to his confreres.

He is, with few exceptions, preeminently not a business man, and should content himself with professional matters and should leave financial institutions to men who have made a success in business life.

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### Take Love For Your Physician.

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Love is the grand remedy for all the ills of the mind. It is the great solvent for anger, hatred, jealousy, and all the bitter animosities. If properly understood and applied, it would cure every sin-sick soul in existence.

If you have been trying to put out the fires of hatred; if you have been meeting anger with more anger, change your prescription. Take Love's balm for all that blights happiness or breeds discontent. You will find it a sovereign panacea for malice, revengs, and all the brutal propensities. As cruelty melts before kindness, so the evil passions meet their antidote in sweet charity.

Notes and Personals.

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The Plague still rages in portions of India. In the city of Calcutta alone, the deaths numbered 217 in a single day—March 27.

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In San Francisco some of the butchers have been substituting horse-flesh for beef in sausages and hamburger steaks.

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All the consumptives in the county hospital not confined to their beds are to be sent to the poor farm, where they will be isolated from the other occupants of the farm. They will occupy a building by themselves, a fourth of a mile distant from the other buildings. If the experiment proves salutary other buildings will be erected as needed.

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The "American Homeopathist" pays the following just tribute to Dr. A. Cuvier Jones, who, for several years a resident of Colorado, moved to Tucson, Arizona, where he died on October 25th, 1899:

"Our first clear knowledge of him came about when he was Secretary of the Missouri Institute. It was he who gave that Institution a boost upwards that did not wholly spend itself for several years following his removal to Colorado. He was an indefatigable worker. He originated the program, which became so popular afterward, of inviting eminent men of the profession from other parts of the country to visit or, at any rate, contribute valuable papers to the program. He was the soul of enterprise and enthusiasm. But his mantle went with him. It did not descend upon anyone after his retirement from Missouri. Despite the wonderful record made during his time, the Missouri Institute seemed to fall away and became but as an ordinary State Society with an ordinary annual meeting. At one time this institution was a promising rival of the great American Institute of Homeopathy. Its meetings were attended by great numbers and its papers and discussions became noted and extensively copied. We shall all miss poor Dr. Jones. He was a good man, a hustler, and a conscientious physician."

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In Buffalo, New York, the health board keeps a complete register of the route of each milkman coming into the city to sell milk. By this means it becomes known if any milkman is selling impure milk by the diseases that spring up in his wake. This bids fair to be of great value in preventing the spread of infectious diseases in cities. This is what Dr. Ernest Wende, health commissioner of Buffalo, says in the February number of "Pediatrics," previously read before the American Public Health As-

sociation, November, 1899: "It is scarcely an exaggeration to say that the assigning of all acute infectious diseases, that arise in a municipality, to the milkman is an act consistent with the maintenance of health. It means a system feasible for daily surveillance, and effective in the protection against frequent infection of the milk-consuming denizens. Such a register is worthy of more than a passing notice. It stands as a silent guardian, watchful of the integrity of milk, the health and happiness of the home. No department of health can be considered efficient, much less complete without it. This plan, when once adopted, will be the last to be dispensed with, for few things accomplish so much that are apparently so simple. Chemical analysis has a place; bacteriological tests another; but the register takes the place of all. It is important and has great possibilities. We may fairly attribute to this innovation the detection of the four subsequent epidemics in their incipency. It made immediate investigation and the prevention of further spread possible."

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THE ALUMNI DAY OF THE NEW YORK HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL will be celebrated on Thursday, May 3rd, 1900, the exercises beginning at 9 A. M. at the College and followed by the Commencement at 3 P. M. The Alumni Dinner and Meeting will be held at Delmonico's, Fifth Avenue and Forty-fourth Street, at 6 P. M., for which the Toastmaster, Dr. Charles H. Helfrich, has secured the services of a fine list of speakers.

EDWIN S. MUNSON,

Corresponding Secretary,

16 West 45th Street, N. Y.

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The Pulte Medical College will omit the commencement banquet this year and give the amount it would cost to the Hahnemann Monument Fund.

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The Thirty-fourth Annual Session of the Minnesota State Homeopathic Institute will meet May 15, 16, 17, at Minneapolis.

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The Nebraska State Society meets in Lincoln May 15 and 16.

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Dr. C. S. Ingersol, formerly of Avon, Montana, has located at Arcata, Humbolt Co., California.

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Dr. S. M. Kessler, of 3046 W. 26th Avenue, is convalescing from pneumonia. The doctor formerly lived at Golden, Colorado.

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A resident of Philadelphia has recently obtained a verdict of \$15,000 through the instrumentality of the X-rays. The plaintiff was injured on a street railway car. Dr. M. K. Kassabian was the X-ray expert in the case.—*Scientific American*.

Dr. Walter A. Corson has moved to 1647 York Street, and, for the present, will have his office at residence. Dr. Corson formerly resided at Atlantic City, N. J.

Definition for "Regular":—A "Regular" physician is one who may treat his patients—and disease—in the most irregular manner conceivable, and still be allowed to remain in the band wagon.

Tell City, Ind.

Yours truly,

WM. H. MUELCHI, M. D.

—*Medical World.*

The American Institute of Homeopathy will meet in Washington, D. C., June 5 to 9. Unveiling Hahnemann's monument will be an interesting feature of the session.

An epidemic of typhoid fever has recently been traced to the use of celery grown on some sewage fertilized ground. As it occurred in an institution it was very easy to trace the cause. Owing to the peculiar nature of the stems, it is very easy for them to become saturated with fertilizing material.—*Scientific American.*

THE CRITIQUE wishes to extend its sympathy to Dr. and Mrs. C. E. Tennant on the death of their daughter, Helen Mar.

Women physicians have established themselves all over Russia, and they have achieved a respected position. Some of them are employed by the government, and since last year are entitled to a pension. Many of them occupy positions as country physicians, school physicians, physicians for the poor, and as surgeons for the municipal ambulance system, etc.—*Scientific American.*

FOR SALE.—A long, well-established, and lucrative Homeopathic practice, in one of the finest, up-to-date county seats. Located in the Central-west, population 3,000. All that is asked is the purchase of residence property, well located, and stock of remedies, at a fair price. An excellent location for man and wife, both being physicians. Address THE CRITIQUE.

It is a curious fact that workers in vanilla factories are affected with headache, lassitude, muscular pains, skin diseases, etc. Some of the workers had to give up their employment.—*Scientific American.*

First Invalid—What's the matter with you?

Second Invalid—Ague. What's your trouble?

First Invalid—Same thing.

Second Invalid—Good. Let's shake for the drinks.—*Chicago News.*

Marconi thinks that the present limit of eighty-six miles for wireless telegraphy will shortly be raised to 150 miles.—*Scientific American*.

"One of the neatest and most valuable publications that comes to the office of 'Outdoor Life' is THE CRITIQUE, a medical magazine published in Denver every month by Drs. S. S. Smythe and J. Wylie Anderson. As brothers of the guild, we congratulate these gentlemen on the creditable publication which they are turning out."

Why we laugh. Because political methods are not a success when applied to medical college work; as predicted by Dr. S. S. S. to Drs. W. and W., nearly a year ago.

A significant fact about the "rump faculty" as it is now composed, in The D. H. C. & H. Association is that not a member of it nor patients of any of them, furnished a room in the hospital. Those that have resigned during the year have the credit of raising the money that built the college and hospital, and furnished the operating room, and through their patients about all the rooms furnished by outsiders.

The transactions of the A. I. H. are just received. Ten months since the meeting at Atlantic City.

## Hahnemann Monument Fund.

The following subscriptions for the Hahnemann Monument Fund have been paid in within the past few days:

S. S. Smythe, M. D.....	\$5 00
John W. Harris, M. D. ....	5 00
Warren D. How, M. D.....	5 00
J. Wylie Anderson, M. D. ....	5 00
David A. Strickler, M. D.....	5 00

The Denver Homeopathic Club.

(The Club voted \$25, to be paid out of the treasury as collected.)

Drs. Smythe and Strickler have been appointed by the Committee of Hahnemann Monument Fund to collect for the fund. Any contributions may be sent to either of these gentlemen who will see that credits are given to the donors.

The cause is most worthy, and should appeal to all friends of homeopathy.

## Railroad Rates for American Institute of Homeopathy.

The American Institute of Homeopathy will convene in Washington, D. C., on June 5th.

The Hahnemann Monument will be dedicated during the session, which should, in consequence, be largely attended by both homeopathic physicians and patrons.

Arrangements are being made with the railroads for rates. While it is too early to state positively, it is practically assured that a rate and a third, on the certificate plan, will be granted us. Anyone wishing particulars can get them in a few days by addressing

DAVID A. STRICKLER, M. D.,  
Chairman Transportation Com.,  
No. 705 Fourteenth Street,  
Denver, Colorado.

## Book Reviews.

NEW, OLD AND FORGOTTEN REMEDIES. PAPERS BY MANY WRITERS. Collected, arranged and edited by E. P. Anshutz. 386 pages. Boericke and Tafel, Philadelphia. Price, Cloth \$2.00; by mail \$2.10.

The author of this handsome volume has made the entire profession his debtor, by collecting, from many sources, a mass of information about a great number of remedies which were beyond our reach and cannot be found in any other work. This collection of papers is exceedingly interesting, and contains, as the author says, "many gems." It answers the question we have all asked so many times: "Where can I find something about this, that, or the other remedy?" The book supplies this want in medical literature and will help us out in many ways.

The material for the book has been gathered from the journals of all schools. Wherever a paper was found that contained something of interest, not found in medical-book literature, it has been made use of, and the result is a most fascinating and valuable work.

DISEASES OF THE NOSE AND THROAT. By J. Price-Brown, M. B., L. R. C. P. E., Member of the College of Physicians and Surgeons of Ontario; Laryngologist to the Toronto Western Hospital; Laryngologist to the Protestant Orphans' Home; Fellow of the American Laryngological, Rhinological, and Otolological Society; Member of the British Medical Association,

the Pan-American Medical Congress, the Canadian Medical Association, the Ontario Medical Association, etc., etc. Illustrated with 159 Engravings, including 6 Full-Page color-plates, and 9 Color-cuts in the text, many of them original. 6¼ x 9¼ inches. Pages xvi-480. Extra Cloth, \$3.50, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

This book is nominally written for the general practitioner who is separated from the specialist by distances too great to send the majority of his patients for treatment. It is clear and concise in statement; thoroughly up-to-date in its teachings; practical in its directions for treatment of the various conditions considered, while it is limited to subjects properly belonging to the title.

The author substitutes throughout the work, the metrical system of weights and measures, for the old Roman. The wisdom of this substitution in a work intended for the general physician in smaller towns might be questioned, but the author has removed all ground for it by giving the English equivalents along with the metrical weights and measures, in prescriptions recommended.

The general character of the work is such as to commend it alike to student, general practitioner and specialist. D. A. S.

### Some Forebodings of Incipient Insanity.

1. Irritability and tendency to take offence.
2. Moroseness and silence, or sometimes fault-finding with servants.
3. Suspicion and jealousy of best friends.
4. Impairment of memory, forgetting hours of meals.
5. Inattention to exercise and state of bowels.
6. Neglect of personal appearance.
7. Altered facial expression, notably in melancholia, with marked furrows.
8. Prominence and brilliancy of corneæ in hysterical and puerperal mania.

#### BODILY SYMPTOMS.

1. Harsh, dry skin, as a rule, though sometimes perspiring.
2. Sometimes a peculiar odor.
3. Coated tongue, with offensive breath.
4. Constipation and feeble circulation.
5. Headache and pallor of face.
6. Sexual appetite either in abeyance or abnormally strong.

7. Frequent suppression of menses in females.
  8. Subjected deafness, or abnormal auditory sensations.
  9. Altered conversational style, and talking to oneself.
  10. Delusions and illusions later on.—*Health.*
- 

### Poisonous Properties of Pure Water.

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Hans Koeppé ("Deutsche Med. Wochenschrift") discusses the effect of drinking chemically pure water, water containing no dissolved salts or gases. Pureness of water in this sense is determined by testing its electrical conductivity; the greater the conductivity the more impure is the water. It is exceedingly difficult to prepare water with a conductivity less than 2.13 on this scale. For comparison it may be said commercial distilled water has a conductivity of over 49, and ordinary spring water of 500 or 600 or more. Now the action of distilled water is well known; it withdraws salts from the tissues, which swell up by inhibition, and is a dangerous protoplasmic poison. When swallowed it causes a swelling up of the superficial layers of the gastric epithelium, which die and are exfoliated. That washing out of the stomach with distilled water has a bad effect is proved; really pure water would be worse still.

A remarkable fact is that waters occur in nature purer than ordinary distilled water. Hence the practical importance of the subject to medicine. Among these is water obtained from clear, natural ice, which may therefore cause gastric catarrh and vomiting when given to patients to suck. Artificially made ice never produces such pure water on melting, and is, therefore, safer. Hence guide-books always warn travelers not to drink water from snow, glaciers, or clear mountain torrents, which, instead of quenching thirst, produces gastritis. The most remarkable instance is that of a spring at Gastein, which has been known for centuries as the "poison spring," and no one will drink its water. Yet no poison has ever been found in it. The simple fact is that the water is purer than distilled water, and, in consequence, has even a more injurious effect.—*Health.*

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### Things to Remember.

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THE CRITIQUE has the largest circulation of any medical journal published west of the Missouri River. Hence it is the best medium through which to advertise.

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The superior appliances of C. W. Flavell and Bro., Philadelphia, Pa., have been successfully used with the most satisfactory

results, and physicians are cordially requested to order direct from the firm, as it saves time and expense. Their goods are noted for excellence of quality, durability and low standard of prices, which are unsurpassed.

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A revenue assessor in Ohio, asking the usual questions, inquired, "Did your wife have any income last year?"

"Yes," replied the assessed, "she had twins—both girls."

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Dear Doctor: All convalescents from "La Grippe" should be given Gude's Pepto-Mangan, a general tonic, appetizer and reconstructive. Gives strength, nutrition, and increases weight.

---

Sunday School Teacher (in Chicago)—Why did the wise men come from the East?

Scholar—Because they were wise men.—*Philadelphia Record*.

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Pepsin is undoubtedly one of the most valuable digestive agents in our Materia Medica, provided a good article is used. Robinson's Lime Juice and Pepsin, and Arom. Fluid Pepsin, (see page xii. this number) we can recommend as possessing merit of high order.

The fact that the manufacturers of these palatable preparations use the purest and best Pepsin, and that every lot made by them is carefully tested before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from pepsin.

---

A CASE OF SINUS.—G. W. Bodey, M. D., Kettlersville, Ohio, September 17, 1899. I used Echthol on a case of sinus extending from the inner and middle of the right thigh upward and outward nine and one-quarter inches in length. It had been operated upon in that locality twice, also on the canal from the psoas abscess, its starting point. The sinus was lined with a tough, pyrogenic membrane, so that by inserting the index finger its full length occasioned no pain. The young man, twenty-two years old, would submit to no further operation. I inserted perforated rubber tube, one-half inch in diameter, nine inches, burned or destroyed the membrane with chloride of zinc solution, after which I used Echthol, filled the cavity completely full three times a day, by which the pus ceased to flow from the very beginning. I continued its use until I could not insert even a catheter. I applied a rubber bandage for five weeks, dismissed him then as cured; the period extended eight months. I used five bottles of Echthol. I dismissed the case in May last, and will wait to see further results, then I will try to write an article on that case and on two others on whom



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**IS THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.  
HARMLESS STIMULANT TO HEALTHY GRANULATIONS.**

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**THE MOST POWERFUL HEALING  
AGENT KNOWN.**

These Remedies cure all Diseases caused by Germs.

Successfully used in the treatment of Diseases of the Nose,  
Throat and Chest:

**Diphtheria, Croup, Scarlet Fever, Sore Throat, Catarrh of  
the Nose, Ozena, Hay Fever, LaGrippe, Bronchitis,  
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\$1.50 AND \$3.00 PER DAY AND UP.

I used the medicine. My faith in Ecthol is unlimited, and can only say the case above described, from a city of twenty-eight physicians, has increased my practice in that locality.—*Medical Brief.*

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A gentleman who travels a good deal relates the following experience which he had on a train not long ago. A lady passenger was boo-hoo-ing fit to kill when a gentleman passenger said to her, "My dear madam, what can I do to console you in your troubles?" She said her troubles were inconsolable; that she was on her way to California to have her fifth husband cremated. Just across the aisle, and two seats back, another lady burst out crying with all her might, and the gentleman stepped back to get her troubles. She said she was forty-two years of age and had never been able to catch a man yet, while that thing across the aisle had husbands to burn. And she didn't think it was right.

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SANMETTO IN CHRONIC ORCHITIS.—J. A. Stothart, M. D., Savannah, Ga., reports the following case: "During November, 1898, a Greek fruit vender called at my office, suffering with chronic orchitis. The patient stated that the first attack occurred four years prior to this time. During the four years there had never been more than two and a half months between the attacks. He had been under treatment most of this time, and several times in the hospitals, and had been discharged as cured by several physicians. I prescribed Sametto, and directed that the treatment be continued for two or three months, with perfect results.

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She—"It tells here of a man in Chicago who hasn't spoken to his wife in 15 years."

He—"Perhaps he is waiting for a chance."—*Life.*

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Mercurol is a new chemical compound of nuclein with mercury, that is particularly destructive to pyrogenic organisms. Read all about it on front cover page. P. D. & Co.

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THE CRITIQUE received a handsome brochure of Fellows' Syrup of Hypophosphites, called "The Feast of Time and Experience."

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Jaggs—"I hear Boggs is studying astronomy."

Naggs—"How can he do that? He's running a cheese factory."

"Well, that's it. He's making studies of the milky whey."

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For all kinds of catarrhal trouble, no matter where, use Glycozone as prepared by Charles Marchand. See page vii.

## THE CRITIQUE.

Do you want the best the country affords? Remember that Givens' Sanitarium, Stamford Hall, Conn., is the place one can obtain the best treatment for all forms of mental and nervous diseases. Also treatment for drug habits.

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The automobile rattles by the door,  
 I tackle horseless sausage and sweet cream;  
 The cowless milk in coffee comes no more,  
 I've struck the hashless boarding house—my dream.

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—*Cleveland Leader.*

C. H. Howe & Co., 522-624 Sixteenth Street, keeps a full line of homeopathic supplies; also a complete line of drugs.

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Do not forget Enzymol in the treatment of septic conditions. It corrects offensive odors and imparts a healthy stimulus to the diseased parts. Originated and manufactured by Fairchild Bros. & Foster.

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I wish to make a "suggestion" to you. Read what Herbert A. Parkyn, M. M., has to say on page ii.

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Physician in Country—"I don't know just what to advise for such a horrible looking nose. You had better go to the city and consult a specialist."

Patient with rosacea—"I am ashamed to travel with such a red nose. You cure me first, and then I will go."—*The Doctor.*

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Always consult the first page of ads if you want to get the best a journal affords (W. H. Lauth has the latest Surgical Instruments, Trusses, Crutches, Batteries, in fact everything needed by the surgeon or physician) and then examine the rest of the advertising pages; something new every month. The ads are as much an education as the reading matter in a first-class journal.

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"When collapse calls for instantaneous blood supply"—try Bovinine by sub-cutaneous injection of one part to two of neutral salt solution.

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Do not overlook the fact, this kind of weather that Phone 1389-B will call to your aid T. J. White, Plumber, Gas and Steam Fitter, 1543 Champa Street.

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Bank Cashier—"This check, madam, isn't filled in."  
 "Isn't what?"

"It has your husband's name signed to it, but it does not state how much money you want."

"Oh, is that all? Well, I'll take all there is."—*Philadelphia Record.*

# THE CRITIQUE.

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VOL. VII.

DENVER, COLO., MAY 15, 1900.

NO. 5

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## \*Homeopathy as Related to Surgery.

By W. S. Briggs, M. D., St. Paul, Minn.

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Until within recent years, has surgery taken any part with the Homeopath, other than with his remedies, and even to-day we find many of the "true blue, old line, Homeopaths," willing to sit by the bedside and see his or her patient die under remedies, rather than have the awful "butcher" cut and mangle him. Yes they would see him pass into the hands of the allopath where he would not get the desired results, rather than the school of Homeopathy disgraced by the knife. Thanks to the ever onward advancement of the science, as well as the physician, those doing thus are fast fading away.

The time has arrived when remedies are restoring many, and keeping them from the knife of the old-time surgeon. We admit many cases formerly consigned to an untimely grave, are restored to their friends through the aid of the knife. There is no field in surgery where the homeopathic remedy does not come as an ever ready and efficient help to the knife, and often, very often, robs the knife of its field for the relief of human suffering. In the prevention of cases going to that stage where the knife is all essential, lies a large field for homeopathic remedies.

For instance: In an attack of appendicitis how often is the inflammatory process checked before pus formation, with bryonia, nux vomica, etc. Or, in threatened mastoid abscess, we find, according to Hall, capsicum almost a specific. Orchitis is relieved by pulsatilla, and the gland saved from extirpation. So often is this done that our old-school journals have made another of their "new" discoveries.

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\*Read before The American Institute of Homeopathy, June, 1899.

How often we hasten suppuration, if it be desired, or, still better, check it, and restore a gland or remove the cause for inflammation and keep the patient from the knife, the only resource of the old school. Again: When the knife has been used, how much more certain are we of union by first intention, by controlling the reaction, and thus prevent undue inflammatory deposit, with aconite or arnica; or rapid-granulation and complete restoration by the help of a little silicea.

In caries or necrosed bone, what nature has been trying to remove has been accomplished by the gouge and chisel. How much sooner will the bone, left, be strengthened by the help of a little *calcareo flouricum*. Again we find cases of bruised, torn or lacerated tissues; by the internal administration of aconite, arnica or *hypericum* the patient's system is put into such a condition that the restoration of the part is possible without the knife.

You'll say: "This is the field of the general practitioner." So be it. But none the less of the surgeon. For were it not for Homeopathy the allopathic surgeon would get all these unfortunates. Then comes the cases that are past cure by remedies alone. The homeopathic surgeon takes the knife and removes the offending part; be it limb, tumor or intestine. When reaction from the operation sets in, what does he do that will lift his patient out of that condition where the pendulum has swung too far to the side of reaction and he has an abnormally high temperature? What helps him as does aconite? And, if the tissues are bruised, what can compare with arnica? Or, if the nerves be crushed or otherwise injured, where have they anything to compare with *hypericum*? Or, the tendon strained or torn, with *rhus toxicodendron*? Or, in injuries to the serous membrane, what is better than *bryonia*? And so on; ad infinitum.

This same rule we find true in internal injuries. We see a case of an old lady who has fallen across some projecting object; striking the small of the back. This is followed by hemorrhage of the kidney. Later blood and pus pass freely. "The kidney must be removed," is the verdict of a number of our old-school friends who are present. We say: "Do not be too hasty; let us

wait a little and see what remedies will do." We find the back at the renal region is deeply ecchymosed; sensitive; with a general soreness and lameness of the whole body. We tell the interne, who is an allopath, to give the patient arnica every hour till further orders. He says: Yes; and turns away with an incredulous smile. Twenty-four hours later we find her generally better; able to drink a little milk and buttermilk.

We continue the arnica, followed by bryonia, cantharis, etc., never giving a dose of anything but homeopathic remedies. In a short time the blood and pus decrease, the fever subsides, and the patient passes on to convalescence.

Again: A feeble, old man is brought in who has fallen and fractured a number of his ribs. He develops pneumonia. Our old-school surgeons throw up their hands and are utterly helpless. Their prognosis is: "Certain death." "It will be no use to do anything." We tell them we will try and see what homeopathic remedies will do for him. After having his ribs dressed, he is put upon such remedies as bryonia, tartar emet., phosphorus, etc.; absolutely nothing but homeopathic remedies, and he is rapidly restored to his normal health.

Again: A young man falls seventy feet from the top of a building under construction; probably striking about every fifteen feet of his fall as he passes through the joists for each floor; finally landing on the concrete pavement in the basement. He is taken out still breathing. We find him unconscious, pulse irregular and in a profound shock. A large scalp wound and V-shaped fracture at the base of skull; hemorrhage from the ear and a fractured nose. He undoubtedly has severe concussion of the brain. He is taken to the hospital and wounds dressed. Aconite and arnica are given; followed by hypericum. The fifth day he sat up in bed to have his head dressed, and on the fifteenth day rode to Minneapolis, his home, in an ordinary buggy. He progressed from the start to perfect recovery; with no treatment except the homeopathic remedies, beyond the dressing of the head.

Thus we find results in all hospitals, both public and private, where the tendency is almost universally in favor of the old school;

where the old-school operators are as good as any—so far as technique goes—with the same surroundings; patients often in the same room; attended by the same nurses. Those who call in the homeopathic surgeon having the highest record of recovery, and in the shortest times. They carry off the banner of all major operations.

If homeopathic medication, or surgery—as applied to the knife—were to be divorced and I compelled to choose the one to the exclusion of the other, I would say: “Give me homeopathic remedies; because I can do more good, to more people, surgically afflicted.” But, fortunately, homeopathic surgeons have both.

Why is it, when a homeopathic staff is admitted into a public institution, in co-operation with the allopathic staff, where surgery constitutes a large proportion of the work, that the one paramount condition imposed is, that no comparative statistics shall be made? Who is it asks this? Not the Homeopaths.

### \*The Relation of Homeopathy to Obstetrics.

By Dellizon A. Foote, M. D., Omaha, Neb.

Epochs in human history are the products of genius. The transitions in knowledge from stage to stage have been made, not by slow, continuous progress, but by sudden interpolations of new thought.

Humanity is not moving slowly up an inclined plane, but its periods are separated by vast chasms which seem to be the limit of further advancement. Genius bridges these chasms and mankind passes over into broader and brighter fields of action.

In the sixteenth century, after the startling conjectures of Copernicus, astronomy seemed at a standstill. Tycho Brahe amassed at his observatory a large array of facts which seemed, however, only to bewilder him, for he still maintained the immobility of the earth.

The keen-eyed Kepler saw these pregnant facts, and in his

\*Read before the American Institute of Homeopathy, June 20, 1899.

wonderful mind they began to germinate into new discoveries. Over his three-arched bridge the sublimest of the sciences crossed the gulf from the Ptolemaic to the modern system.

During the latter part of the eighteenth century, when dogma and empiricism had blocked the progress of therapeutics, and medical knowledge depended almost entirely upon tradition, the genius of Hahnemann bridged the chaos of old school therapeutics and gave to modern medicine its rational basis.

The conception of the theory, the demonstration of the law and its translation and embodiment in terms which secured scientific accuracy in the prescribing of medicine, is the glory of the genius of Hahnemann, the philosopher and physician.

In no field has this system of medicine been more beneficial than in obstetrics. The revelation which homeopathy sustains to obstetrics is the same benign and harmonious relation which exists between any natural laws. Want of harmony obtains only in the improper application of law. Nature often depends upon brains in the working out of her processes, and so science and art are often called upon to bring about an orderly sequence of natural events. Science and art are just as potent when they quietly approve of the course of events, as when they exercise their beneficent offices in assisting nature to overcome obstacles.

The science and art of obstetrics then comprises a knowledge of Homeopathy as one of the proven laws of nature, which is most important in the care of the accidents and incidents of childbirth ; just as it also includes hygiene, dietetics, surgery and nursing in their proper sphere of action.

The Homeopathic School of Medicine has no apologies to make to science. Whatever real improvements have been made in the technique of the prophylactic or surgical treatment of the parturient woman have found ready acceptance by the members of the New School of Medicine. Our patients are protected from sepsis and other accidents as affectively and intelligently as is possible.

There is a broad catholic spirit of liberty in the Homeopathic School of Medicine, which gives to her physicians freedom to appropriate truth wherever found, and set its influences at work

along any avenue of utility to the patient. So antiseptis, asepsis, surgical cleanliness, medical physics, mechanical devices, anesthetics, etc., all have their appointments for the emergency which calls for their beneficent work.

A few practical questions challenge us :

*First.* Is Homeopathy superior as a system of medicine in meeting the therapeutical emergencies of pregnancy ?

*Second.* Does Homeopathy as a system of therapeutics add to the effectiveness of aseptic prophylaxis in midwifery ?

*Third.* Is Homeopathy superior in meeting therapeutical emergencies in the lying-in-chamber ?

Taking up the first question, namely : Is Homeopathy superior as a system of medicine in meeting the therapeutical emergencies of pregnancy ? We find that pregnancy is a physiological condition. A woman of perfect physique and health, however, would still need the advice from a skilled physician as to the proper care of herself during this important period, in order to avoid conditions which would lead to complications. However, the physician finds so many and serious deviations from perfect health in woman that his services are being called for continually to care for the diseases of pregnancy, and volumes have been written in exposition of the various pathological incidents of this period.

Habit, environment, heredity, are fruitful of conditions pernicious to the health of woman, and the period of pregnancy is often the opportunity of the physician. He may then correct and relieve conditions which, at other times would be tolerated and neglected. The motherly instincts of the woman led her to make many personal sacrifices for her health, thereby insuring sturdy offspring. Pregnancy is often the physical salvation of woman.

Here is the science and art of homeopathic physicians most conspicuous and illustrious. Having mastered all the collateral problems of hygiene, diet and mental conditions, he ministers to the patient and not to the superficial symptoms only.

Taking a complete history of his patient, he brings together all the factors which enter into his problem. He then applies the homeopathic law of cure, and the results are most satisfactory.

He studies all the elements which enter into the diseased condition, and the present symptoms which clamor for relief are often made subservient to more remote symptoms which may be casual.

The symptoms of his case are not synchronous, but are links reaching back into years, forming a chain which is apparent to the careful diagnostician. With this totality of symptoms he can apply the remedy according to the established law of Homeopathy and confidently expect the results which must follow scientific medication. He has complied with the conditions intelligently. He is employing a force of nature according to her laws, just as the machinist employs the laws of gravity or electricity, and although unable to explain how the force works, he knows it works. Hence to the question—Is Homeopathy superior as a system of medicine in meeting the therapeutical emergencies of pregnancy, we answer, yes.

First, because the testimony of thousands of physicians who have given it a practical test and have found it entirely satisfactory.

Second, it is the only system of therapeutics which has a scientific basis, and hence is especially applicable to the delicate conditions which arise during pregnancy.

Third, it is superior in that it administers the minimum amount of medicine, and hence avoids all dangers to both mother and child, arising from the exhibition of large doses of medicine.

A comparison of text-books discussing the methods of treatment of the diseases or accidents of pregnancy reveals the abundance of the materia medica of the homeopathic school, and the extreme poverty of remedies of the old school. To mention the details of this part of the subject would make this paper too long, but in nausea, vomiting, anorexia, headache, insomnia, anemia, albuminuria, mental disorders, traumatisms or infectious diseases, how rich is the storehouse of our materia medica, and how salutary and beneficent its blessings.

The second question, Does Homeopathy as a system of

therapeutics add to the effectiveness of aseptic prophylaxis in midwifery?

At the present day it is generally admitted that the best germicide is healthy blood or the capacity of the cells and fluids of the body to repel and overcome invading micro-organisms. The fact that homeopathy is especially successful in the treatment of psoric taints of the blood, and in overcoming the various constitutional diseases which inflict mankind, adds greatly to the effectiveness of prophylactic measures by increasing the resisting powers of the patient while using all the expedients for protection against infection.

Dr. Geo. B. Peck, the veteran logician, who reinforces his arguments with live figures, reported to the institute in 1892 that over sixty homeopathic physicians reporting to him had practised medicine terms of years varying from seventeen to forty-three years without a death or a case of puerperal fever. In another series of reports, one physician had practised forty years with but one death from puerperal fever; another thirty-three years, another twenty-four years with but one case of septic fever. Such reports as these ante-dating the days of aseptic measures by several decades, can only be construed as showing the surpassing efficacy of Homeopathy in obstetrics. The affirmative answer of this question is necessarily apparent.

Third, Is Homeopathy superior in meeting therapeutical emergencies in the lying-in-chamber? It is here that Homeopathy has won some of its greatest triumphs.

The Homeopathic obstetrician brings with him to the accouchment all that science and art have devised and acquired to lighten woman's burden, and he also brings his homeopathic remedies. What a mass of incontrovertible testimony as to the efficacy of homeopathic remedies in obstetrical emergencies could I secure from the members of this Institute. I cannot forbear mentioning some old and tried friends which so often overcome obstacles in a most gentle and satisfactory manner, where no other system offers medical aid. What homeopathic physician would think of going to an obstetrical patient without *caulophyllum*, *gelsemium*, *pulsatilla*, *aconite*, *arnica*, *belladonna*, *viburnum*,

chamomilla, and yet these remedies are not found in any other but an homeopathic obstetrical bag.

I have some figures which are up-to-date, and which are impossible to excel.

Martha G. Ripley, M. D., physician in charge of the Maternity Hospital, of Minneapolis, Minn., reports as follows in response to questions regarding cases for past year:

1. Number of maternity cases treated, 45.
2. Number of patients having puerperal fever, none.
3. Number of instrumental deliveries, 30.
4. Number of patients recovered, 45 (or 100 per cent.).
5. Number of deaths, none.

This report is for one year. During the past eleven years 500 maternity cases have been cared for in this hospital, with not a single case of puerperal fever, nor a death from any cause. I doubt if another such a report covering such a period of years can be furnished by any other system of medicine. These patients had the advantage of homeopathic treatment. Such a remarkable report must challenge the attention of the medical world and an intelligent laity.

Another report comes from Antoinnette E. C. Russell, M. D., Superintendent of the Maternity Hospital at Twentieth Street and Susquehanna Avenue, Philadelphia, Pa.

1. Number of maternity patients treated last year, 52.
2. Number of patients having puerperal fever, none.
3. Number of instrumental deliveries, 6.
4. Number of patients recovered, 52 (or 100 per cent.).
5. Number of deaths, none.

Another illustrious example of what homeopathic obstetricians are doing. A third report is from Dr. Caroline E. Hastings, of the Talitha Cumi Home, of Boston:

1. Number of maternity patients treated last year, 73, all primiparæ.
2. Number of patients having puerperal fever, none.
3. Number of instrumental deliveries, 4.
4. Number of patients recovered, 73 (or 100 per cent.).
5. Number of deaths, none.

This report is simply perfect and reflects great credit upon the managers of this home.

These three reports aggregate 170 cases with absolutely perfect results.

The Brooklyn Homeopathic Maternity reports for 1898 :

1. Number of maternity patients, 131.
2. Number of cases of puerperal fever, 2, both recovering.
3. Number of deaths from all causes, 1.

This is a mortality percentage of 76-100 of one per cent. As is well known, a large number of the cases turned over to Maternity Hospitals in our large cities for treatment, are in the worst possible condition as to dangers arising from auto-infection and weakened powers of resistance, and hence the one death and the two cases of infection in this hospital can undoubtedly be satisfactorily accounted for.

Finally, the Relation of Homeopathy to Obstetrics, practically speaking, is not to substitute anything for its science and art, but to add to its achievements by scientific and surpassing medication.

The ideal homeopathic obstetrician has the knowledge of the most erudite, the science and art of the most accomplished, the confidence of experience, plus an unfaltering trust in a system of medicine that meets all emergencies with masterly precision.

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“Tubercular Ulcerations in vulva and vagina may obtain considerable size. They are always shallow. Their margins are always irregular and sharply cut. Their margins are slightly raised above the general surface. They have a more or less granular appearance. The base of the ulcer is studded by a quantity of granulations, some are grayish and semi-transparent, others are of a bright yellow color, usually not exceeding millet seed in size. In these tubercular diseases, try guaiacol internally. I have had good results from the use of the valerianate of creosote.”

# GENERAL MEDICINE.

Conducted by W. A. Burr, M. D.

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## Smallpox.

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With our new possessions comes the need for a better knowledge of the nature and treatment of certain contagious and infectious diseases as leprosy, smallpox, the bubonic plague and others. It is estimated that nine-tenths of the people of the Philippine Islands at some time in their lives have smallpox. And in those islands there is as yet no safeguard against this loathsome disease in the way of quarantine. As communication between those islands and America becomes more intimate, many exposures to smallpox becomes inevitable, and the irrepressible question of vaccination will again come to the front. To vaccinate or *not* to vaccinate, *that* will be the question. The anti-vaccinationists seem to be gaining ground. Here is what one of them says.

Dr. Charles T. Harris, Weitesboro, N. Y., has an article in the "Medical Century" for April, on "Some Aspects of the Vaccination Question." The following are extracts:

"In England, the home of the illustrious Jenner, compulsory vaccination has become a thing of the past.

\* \* \* \* \*

"It may be asked what are the diseases and dangers from vaccination, and why this continued protest in regard to the practice? I answer, they are many and great,—far more and far greater than is generally realized. It is not an assumption, but a fact, that syphilis, cancer, consumption, bronchitis, asthma, glandular tumors, catarrhal troubles, scrofula, eczema and other skin diseases can and have been traced as the direct result of vaccination. Dr. Crawford says, 'an heredity from vaccination and credulity sufficient to ruin the best constitution in the land.' During the past few years the medical journals and societies of the world have been calling attention to the alarming increase of cancer,

and urging microscopists, histologists and bacteriologists to seek out the cause and suggest a cure. An editorial in a recent number of the 'International Journal of Surgery' has this to say in regard to the frequency of cancer: 'There seems to be no doubt that this dreaded malady is on the increase, and that we feel nearly as helpless as ever to stay its progress. It is stated that in the last decade the death rate from cancer in the city of New York has doubled. Should such a proportionate increase continue to take place, we will not have entered very far into the twentieth century before the death rate from cancer will overshadow that due to any other disease. In England it has been ascertained that the mortality from cancer has a little more than doubled itself in ten years. The possibilities conjured up in our minds by such a rate of increase, if long continued, are simply appalling, and point out the fact that we are confronted with the most important problem which our profession has ever been called to face. What the ultimate outcome of this amazing augmentation is to be, no one may say, but we think that further investigation will provide some barrier to a tide that is rising altogether too fast. We now know that the probabilities are that certain chemical changes in the blood will serve to enable us to arrive at an earlier diagnosis than has hitherto been the case,—we know that in some instances cancer has unmistakably been inoculated in animals, and we know that certain conditions of locality and mode of life influence its appearance in a most marked manner.'

"To say that this rapid increase in cancer is the most important problem the medical profession has ever been called to face is, indeed, very strong language, and, if true, demands our most serious consideration. Perhaps the following remarks and figures from no less a man than Dr. E. Alfred Heath, of London, will throw some rays of light on this dark subject. He says:

'The statistics I give in regard to cancer in England and Wales are taken from the Journal of the Royal Statistical Society, an organ not likely to advocate anti-vaccination views. From 1840, when regular statistics were first begun in this country, and when vaccination began to be pushed, there has been a steady

increase of cancer year by year till 1896, the date of last return. It would only be fair argument to say that if it increased steadily from 1840, 177 cases per million, to 1850, 279 cases per million, to 1896, 864 cases per million, that if we go back to 1830 or 1820 it would be proportionately less. Vaccination was introduced the beginning of 1800, say 1810, and as it began to be pushed so cancer increased. Every year sanitation has improved, and now, say 1896, we have the most perfect sanitation in the world, and yet cancer deaths in 1896 were 764 per million people. Where can you look for more likely cause than from these animal diseases put into human beings? I believe it is the tainted blood inoculations that are the chief cause. The taints that enter by the stomach are destroyed by the glands and juices of the physiological laboratory, in healthy systems. By removing morbid taints and conditions from the human system it is more able to resist disease, but not by adding other taints to the blood. The glands become overcharged and cannot destroy these taints. If perfect health is the greatest safeguard against disease, which, I presume, no one will deny, it is not only illogical but absurd to taint the system with disease, as a protection against disease. Without sanitation vaccination is useless, with sanitation it is unnecessary, even if it had the power to protect. By vaccination we lay the foundation for far greater diseases and a greater mortality than we get from smallpox.' These are arguments for the vaccinists to consider and combat if they can.

\* \* \* \* \*

"Dr. Crawford, whom I have quoted before, says: 'Pure vaccine virus! What a libel on consistency! Pus is pus, rottenness is rottenness, and virus is virus! For an intelligent physician to know that this vaccine virus is taken from the filthy, ulcerating sores, the outlet of systemic poisons, and for him to libel physiology and call the nasty, gangrenous stuff pure, and then deliberately inject this very animal matter into the circulating fluids of a healthy, beautiful and innocent babe, to do it in the name of science, is a problem in medical and moral ethics that I have never been able to solve.'"

### Malandrinum in Smallpox.

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Malandrinum is of value both as a prophylactic and as a curative remedy for Smallpox. The following is Dr. Straube's proving, as published in the "Homeopathic Recorder," April number:

HEAD, INNER.—Frontal and occipital headache. Dullness. Dizziness.

HEAD, OUTER.—Impetigo covering head from crown to neck and extending behind the ears. Thick, greenish crusts with pale, reddish scabs, itching worse in the evening.

EYES.—Red stripes under the eyes.

EARS.—Profuse, purulent, greenish yellow discharge, mixed with blood.

TONGUE.—Coated yellow, with red streak down the middle (typhoid), also cracked and ulcerating down the center. Tongue swollen.

STOMACH.—Vomiting of bilious matter; nausea.

ABDOMEN.—Pains around the umbilicus.

STOOL.—Dark, cadaverous smelling. Yellowish, foul smelling diarrhoea.

SEXUAL ORGANS, FEMALES.—Vagina closed with impetiginous crusts. Yellowish-greenish-brown in color.

BACK.—Pain along back, as if beaten.

UPPER LIMBS.—Impetiginous crusts on the extensor sides of forearms.

LOWER LIMBS.—Pains, especially in the left tibia, with petichia-like patches on anterior aspect of left leg from knee to ankle. Petechia on both thighs, worse on left.

ALL THE LIMBS.—Sore, pains in limbs and joints. Run-arounds on the nails of hands and feet.

TIME.—Worse in evening.

SKIN.—Smallpox, measles; also as preventive. Impetigo covering back of head, extending over the back to buttock, and even into the vagina; covering the labia. Impetigo on extensor of forearms. Boils. Malignant pustule. Bad effects of vaccin-

ation. Small, dusky red spots on legs, disappearing on pressure. (Typhoid fever. Petechial typhus).

OTHER DRUGS.—Malandrinum follows well Bryonia, Lachesis and Stramonium. After Malandrinum, Silicea is often indicated. (Perhaps Tartar emetic).

Do not forget stramonium in the treatment of smallpox when there is delirium.

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### Antiphlogistine for the Cough of Measles.

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A boy, aged five years, with chronic enlarged tonsils, was taken with measles. His face and body were very nearly covered with the ordinary eruption. The third day a *very severe* cough had developed, which yielded only in very slight measure to bryonia and pulsatilla. The mother, who was the nurse, had been in the habit of making free use of antiphlogistine for various purposes. At her own instance she made an application of the antiphlogistine to the throat and upper chest of her boy. The cough was relieved as if by magic, and in two days had entirely disappeared. The application was continued a day more. W. A. B.

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### Eczema in Gestation.

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A woman, aged about thirty, was in her second gestation, and near the time of delivery. She had been using so called "Mothers' Friend" locally on the abdominal walls. All at once a papulo-vesicular eruption appeared wherever the application had been made, and the itching and burning were so severe as to keep her awake nights and be almost beyond endurance. Dry dressing locally was prescribed. This soothed and allayed the distress in part, which was soon worse again, the eruption extending to the thighs and back. I then gave her *rumex ix*, to be taken internally, and recommended to be used locally, a lotion composed of carbolic acid one dram, glycerine one ounce, and

water one pint. This was followed by prompt relief, and in a few days the cure was complete.

Not only the eruption but all the annoying symptoms connected with it promptly disappeared under the above treatment, but in ten days more she went into labor, which was normal in every respect. No untoward symptoms of any kind seemed to result from the eruption.

What gave rise to the eruption unless the accumulation of uric acid in the system, due to the inability of the kidneys in their crowded condition to eliminate it? Was there danger of uremic convulsions? She was well in every other respect. W. A. B.

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### What Fruit Contains.

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Our ordinary fruits contain the following substances in greater or less proportions:

- A large percentage of water.

Sugar, in the form of grape and fruit sugar.

Free organic acids, varying according to the kind of fruit. For example, the predominating acid is malic in the apple, tartaric in the grape, citric in the lemon.

Protein or albuminoids, substances containing nitrogen, which resemble the white of eggs, and are its equivalent in food value.

Pectose, the substance which gives firmness to fruit, and which upon boiling yields various fruit jellies.

Cellulose or vegetable fiber, the material that forms the cell walls, and which is found in all parts of plants.

A very small percentage of ash or mineral salts.—*American Journal of Health.*

# GYNECOLOGY AND OBSTETRICS.

Conducted by S. S. Smythe, M. D.

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## Appendicitis Following Minor Uterine Operations.

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Dr. Howard Crutcher, in the "Medical Visitor" (February, 1900), says:

"For years past, I have observed at times that appendicitis has followed minor operations upon the uterus, such as curettement and the repair of cervical lacerations. At first I was inclined to regard the appendicular complication as a mere coincidence, and I am free to say that I have now no doubt that I have often made the mistake of attributing certain post-operative attacks of pelvic peritonitis to tubal and ovarian complications. In more recent times some startling facts have come out in such a manner as to leave no doubt whatever that a direct risk to the appendix is involved in many cases from very simple uterine operations.

The appendix is in woman more of a pelvic than an abdominal structure. Its attachment to the uterine appendages is so well-known as to require no comment. The following cases are recorded in the hope that others may be brought out, and that their narration may aid in some measure, the evolution of the truth in pelvic pathology."

The doctor, after citing a number of interesting cases, all calculated to confirm his idea, concludes as follows:

"From the cases herein presented—and many more might be cited—I am not disposed to set up certain generalizations. Nevertheless, I cannot regard the frequency of appendicitis after minor uterine operations as a pure coincidence. That mistakes are often made along these lines I have no question, and that many deaths have been laid falsely at the door of the tubes and charged to faulty technique, admits of no doubt. In August, 1896, I was called by Dr. Frank R. Waters to see, with him, an unmarried woman of seventeen who had aborted two weeks before—the re-

sult, we thought, of certain manipulations upon the part of the patient, although she denied all such imputations. In spite of the fact that the treatment of the case had been above criticism, I decided that the infection had spread from the uterus. An enormous collection of pus was evacuated by a median abdominal incision. Death followed within a few hours. The post-mortem examination revealed the remains of a gangrenous appendix glued to the right Fallopian tube. It is unnecessary to dwell upon the cause of the infection in this case. It was reported fully in "The Medical Record" for September 26th, 1896.

In this connection I recall another case in which death followed a simple uterine curettement, and was, of course, attributed to infection spreading from the endometrium. Unfortunately, no post-mortem was held. The appendix was not guiltless in this case.

The proximity of the appendix to the so called pelvic organs of woman, throws about the diagnosis of pelvic troubles a vast amount of confusion, some of which our increasing experience will eliminate, and some of which, in the nature of things, we can hardly hope to escape."

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### Manganese in the Treatment of Dysmenorrhea.

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The habit of dysmenorrhea tends to intensify itself in neglected cases, growing worse monthly, and harder to relieve; beginning early in the menstrual life and rapidly fastening upon the sufferer such a fear of the recurring pain that life becomes a burden. For this reason it is advisable that treatment should be instituted at as early a period as possible. Dysmenorrhea does not disappear of itself; it always grows worse if left alone. Therefore it is bad practice to put off the mother of a young girl whose early periods already cause her great pain, by telling her that time will bring relief. It will not; on the contrary, we have every reason to believe that each month will, if let alone, be worse than the last. But the ardor of the operating gynecologist has been such

that many mothers, from fear, refrain from mentioning their daughter's ailment. It is in such cases that manganese offers the best means of relief and cure. It is extremely efficient in those young women whose dysmenorrhea seems due to functional neuralgia, beginning almost with the establishment of menstruation. If administered early in the course of the disease, great relief is experienced; if persisted in, the habit is, in many cases, readily broken up and the health of the sufferer saved from impairment. Such young girls should never be examined, even by the rectum, unless there is very positive evidence of serious local inflammation, until manganese has been given a full trial.

After the habit of dysmenorrhea has been established for years, in older women, it is a more difficult matter to destroy it, but in many instances it can be done. The most important thing to remember is that one should not be too soon discouraged. If a trifling improvement can be seen after two or three months of constant use of manganese, it means that a great relief can be given by it. One need not despair until four or five periods have passed with no benefit from the drug. In many cases it is not necessary to wait so long. If the case is a suitable one, the first succeeding period will be notably easier, and after that little or no pain will occur during the administration of the remedy.

I have found the black oxide the most satisfactory, given in doses of two grains, by itself or in combination with iron or other adjuvants, about an hour after each meal. It may be used for an indefinite time without any effect, and should be given constantly until its efficiency or inefficiency shall have become manifest. If benefit is obtained at once, I then order it to be taken for two weeks before the next period; if that has been nearly painless, it is given during one week before the following period. In successful cases this is usually enough, and taking the drug during one week just before menstruation insures a painless period. No deleterious effects follow its use in this manner. It should be continued indefinitely; usually after a few months the patient feels cured, and stops taking the pills; but this is apt to allow a return of the dysmenorrhea, especially in those women who have suffered for any length of time. In young girls the habit seems

to be more readily destroyed, and the general systemic improvement renders the cure permanent. One must not expect cure, or even relief, in all cases.—*Med. Council.*

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### Don'ts for the Sick-room.

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Don't light a sick-room at night by means of a jet of gas burning low; nothing impoverishes the air sooner. Use sperm candles, or tapers which burn in sperm oil.

Don't allow offensive matter to remain; in cases of emergency, where these cannot at once be removed, wring a heavy cloth, for instance, like Turkish toweling, out of cold water, use it as a cover, placing over this ordinary paper. Such means prevent the escape of odor and infection.

Don't permit currents of air to blow upon the patient. An open fireplace is an excellent means of ventilation. The current may be tested by burning a piece of paper in front.

Don't give the patient a full glass of water to drink from unless he is allowed all he desires. If he can drain the glass he will be satisfied; so regulate the quantity before handing it to him.

Don't neglect during the day to attend to necessaries for the night, that the rest of the patient and family may not be disturbed.

Don't ask a convalescent if he would like this or that to eat or drink, but prepare the delicacies and present them in a tempting way.

Don't throw coal upon the fire; place it in brown paper bags and lay them on the fire, thus avoiding the noise, which is shocking to the sick and sensitive.

Don't jar the bed by leaning or sitting upon it. This is unpleasant to the sick and nervous.

Don't let stale flowers remain in a sick chamber.

Don't be unmindful of yourself if you are in the responsible position of nurse. To do faithful work you must have proper food and stated hours of rest.—*Health.*

# SURGICAL DEPARTMENT.

Conducted by J. Wylie Anderson, M. D.

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## The Surgeon.

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The real surgeon is a healer. There are those who seem to think a cutter is a surgeon. The surgeon sometimes cuts, but he cuts to heal. The cutter cuts to cut, primarily; to heal, incidentally. He boasts of the number of operations he has performed. He wears his list of laparotomies on his belt the same as an Indian chief does his scalps.

There are many other striking analogies between his laparotomies and the scalping process, which we need not stop here to enumerate. The Indian chief says, "Me big Injin," while the cutting surgeon talks Latin, but both feel the same. Their victims are to be alike pitied.—*Medical Talk*.

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## Penetrating Wounds of the Abdomen.

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M. L. Vullich, in the "International Bulletin," No. 112, lays down the following rules for their management:

1. Find out by enlarging the original wound whether penetration exists or not. If there is penetration or any doubt, make an exploratory laparotomy.
2. It is not possible to tell from mere symptoms whether there is penetration or not.
3. Unmistakable signs of perforation of the intestine, viz. : fistula, evacuation of ball, etc., are very exceptional.
4. Exploratory laparotomy is without danger.
5. Spontaneous cure of a perforation of the intestine without the intervention of septic peritonitis is very rare.
6. Prevent peritonitis by operating at once without waiting for symptoms of peritonitis. Peritonitis once declared the patient is almost certainly lost.

7. The operation must not be blamed for the bad results, which are due to grave lesions.

8. If, after 48 hours, no abdominal symptoms develop, perforation of the intestine may be excluded. Should symptoms of peritonitis develop, make an abdominal toilet immediately. In this lies the only hope for the patient.

9. Shock is no contra-indication to operation. On the contrary, the shock is often due to hemorrhage. When shock is great stimulate freely and give large intra-venous saline injections.

10. In the majority of cases the incision should be in the median line, and large enough to afford every facility to a thorough examination and a short operation.

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### Transfusion of Normal Salt or Physiological Saline Solution.

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J. P. Crawford, M. D., of Chicago, Ill., in the "International Journal of Surgery," Vol. xii. Nos. 4 and 5, makes the following suggestions for the use of Salt Solution:

1. Transfusion of saline solution in all cases where there has been great loss of blood from any cause.

2. Take time to disinfect the skin before introducing the needle.

3. Seal the needle wound with collodion.

4. Transfuse: 1st. During operations where there has been even a moderate loss of blood. 2nd. When shock is present either before, during, or after an operation. 3rd. In septic conditions, especially where the patient cannot retain the saline fluid per rectum.

5. Continue the transfusion until the pulse is of good volume.

6. Renew transfusion as soon as the pulse weakens.

7. Give at least three or four pints at the first transfusion, if there has been much shock or loss of blood.

8. Continue the transfusion until the patient is *dead*, or out of danger.

9. Use the solution hot from 108° to 118° F.

10. As a rule the intercellular method is preferable to the intravenous :

(a) Because it is less complicated.

(b) It requires fewer instruments.

(c) That which is most essential; it can be administered by any nurse with perfect safety.

(d) There is no attendant danger of over distending the circulatory organs, as in the intravenous method.

11. Always have on hand a two quart aseptic fountain syringe, a sharp needle for intercellular, a blunt needle for intravenous, and a long, soft rubber tube for rectal transfusion.

I administer :

12. Rectal transfusions where there has been great loss of vital fluids through the rectum, as in typhoid fever, cholera infantum, summer complaint, etc.

13. Rectal transfusions in hemorrhage, or shock, when the sterile saline solution is not easily and quickly procurable, or while waiting for its proper preparation.

Break away from the modern science which tends to mystify and numb and kill the true spirit of Homeopathy, The letter killeth. The spirit maketh whole. Eclecticism is a good school, but it is not Homeopathy. Allopathy, with all its world-wide and imperishable monuments of greatness and achievements, is a good school, but it is not Homeopathy. The best homeopathic physician is NOT made by taking a dyed-in-the-wool allopath, or an original-sin eclectic, and then give him or them a special knowledge of homeopathic therapeutics. The best American is born, not made.—*Am. Homeopathist.*

# EYE, EAR, NOSE AND THROAT.

Conducted by David A. Strickler, M.D.

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SUPRARENAL EXTRACT IN DISEASES OF THE NOSE AND THROAT.  
—In a paper read by W. H. Bates, M. D., before the Section of Laryngology, N. Y. Academy of Medicine, he draws the following conclusions:

*"First.* The suprarenal extract is a powerful astringent without objectional qualities.

*"Second.* The solution of the extract should be prepared fresh when needed and should not be mixed with any other substance.

*"Third.* In the treatment of diseases of the nose and throat, other remedies should be employed with the extract.

*"Finally.* Since the secretion of the suprarenal gland is one of the fluids necessary to life, its administration as a drug causes less physiological disturbance than a foreign substance, and this fact may explain why it has so universally been of benefit, and why its use for six years by so many physicians has not discovered any serious objection to its employment in every case of congestion of mucous membranes. And I wish to repeat what I have said in previous papers, that within its sphere of activity we have absolutely no other substance that can take its place."

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MASTOIDITIS. THE IMPORTANCE OF EARLY SURGICAL TREATMENT.—James Francis McCaw (N. Y. "Med. Journal," Dec. 30, 1899) gives the following conclusions:

*"First.* In threatened mastoid involvement and in mild acute cases the conservative plan of treatment should be employed for a week or ten days, unless dangerous symptoms arise.

*"Second.* Operative interference should be instituted in acute cases where there is sagging of the postero-superior canal wall, where the infection is of a violent type, and in all cases complicating chronic otorrheas."

INJURIES TO THE EYE IN THEIR MEDICO-LEGAL ASPECT.—By S. BAUDRY, M. D. Professor in the Faculty of Medicine, University of Lille, France, etc. Translated from the original by Alfred James Ostheimer, Jr., M. D., of Philadelphia, Pa. Revised and edited by Charles A. Oliver, A. M., M. D. Attending Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Philadelphia Hospital; Member of the American and French Ophthalmological Societies, etc. With an adaptation of the Medico-Legal Chapter to the Courts of the United States of America, by Charles Sinkler, Esq., Member of the Philadelphia Bar.  $5\frac{3}{8} \times 7\frac{7}{8}$  inches. Pages, x-161. Extra Cloth, \$1.00, net.—THE F. A. DAVIS CO., Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This book is written to assist the physician in medico-legal cases resulting from injuries to the eye and its adnexa, treating them especially from a prognostic point.

The author gives his personal observations, together with compiled reports and conclusions of his predecessors and collaborators. The legal portion of the French work is given by Prof. Jacquey, of Lille. The American method of dealing with the legal aspect has been given by Mr. Charles Sinkler, and is a valuable addition.

The contents are divided into four parts. Part First, dealing with traumatic lesions of the ocular adnexa. Part Second, with traumatic lesions of the eye-balls. Part Third, with simulated or exaggerated affections of the eye. Part Fourth, with medico-legal expert testimony.

The book should be in the hands of all who treat traumatic lesions of the eye.

D. A. S.

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It is bad practice to fill the ear with powder, even one of boric acid.

Give calc. sulph. for purulent discharge with excess of spongy granulations.

### \*Mark Twain on Vivisection.

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I believe I am not interested to know whether vivisection produces results that are profitable to the human race or doesn't.

To know that the results were profitable to the race would not remove my hostility to it. The pains which it inflicts upon unconsenting animals is the basis of my enmity toward it, and it is to me sufficient justification of the enmity without looking further.

It is so distinctly a matter of feeling with me, and is so strong and so deeply rooted in my make and constitution, that I am sure I could not even see a vivisector vivisected with anything more than a sort of qualified satisfaction.

I do not say I should not go and look on; I only mean that I should almost surely fail to get out of it the degree of contentment which it ought, of course, to be expected to furnish.

I find some very impressive paragraphs in a paper which was read before the National Individualist Club (1898) by a medical man. I have read and re-read these paragraphs, with always augmenting astonishment, and have tried to understand why it should be considered a kind of credit and a handsome thing to belong to a human race that has vivisectors in it.

"Vivisectors possess a drug called curare, which, given to an animal, effectually prevents any struggle or cry. A horrible feature of curare is that it has no anaesthetic effect, but on the contrary it intensifies the sensibility to pain. The animal is perfectly conscious, suffers doubly and can make no sign.

"Claud Bernard, the notorious French vivisector, thus describes the effect of curare: 'The apparent corpse before us hears and distinguishes all that is done. In this motionless body, behind that glazing eye, sensitiveness and intelligence persist in their entirety. The apparent insensibility it produces is accompanied by the most atrocious suffering the mind can conceive.'

"There is unfortunately abundant evidence that innumerable experiments of the following character have been performed on

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\*This letter was addressed to the Secretary of the New York Anti-Vivisection Society.

sensitive animals. They have been boiled, baked, scalded, burnt with turpentine, frozen, cauterized; they have been partly drowned and brought back to consciousness to have the process repeated; they have been cut open and mangled in every part of the body and have been kept alive in a mutilated state for experiments lasting days or weeks.

"If I wished, I could pile up mountains of evidence, to be found in the publications of physiologists and in the report of the royal commission.

"Here are some by Dr. Drasch in 1889 (Du Bois Reymond's Archives): 'The frogs, curarised or not, are prepared in the following manner: The animal is placed on its back on a piece of cork fastened by a needle through the end of the nose, the lower jaw drawn back and also fastened with pins.

"Then the mucous membrane is cut away in a circular form, the right eyeball which projects into the back of the throat is seized, and the copiously bleeding vessels are tied.

"Next a tent hook is introduced into the cavity of the eye, drawing out the muscles and optic nerves, which are also secured by a ligature."

"The eyeball is then split with a needle near the point where the optic nerve enters, a circular piece cut away from the sclerotic and the crystalline lens, etc., removed from the eyeball. I may remark that my experiments lasted a whole year, and I have therefore tried frogs at all seasons.'

"He calmly gave directions for keeping the animals still. If the frog is not curarised the sciatic and ocular nerves are cut through.

"Prof. Bucke says: 'The first sign that the trigeminus is divided is a loud, piercing shriek from the animal. Rabbits we know are not sensitive, but in this operation they invariably send forth a prolonged shriek.'

"In Pflüger's 'Archives,' vol. 2, p. 234, are accounts of similar experiments on curarised cats, a large number of them having the nerves cut, dissected out, and stimulated, the spine opened, spinal marrow cut, etc. I could quote still more shameful vivisection records from this paper, but I lack the stomach for it."

# THE CRITIQUE.

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SAMUEL S. SMYTHE, M. D., EDITOR.

J. WYLIE ANDERSON, M. D., Business Manager.

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## EDITORIAL.

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### So the Profession May Know.

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It was with many misgivings that, in our last issue, we gave a specific account of the unfortunate conditions prevailing in the Denver Homeopathic College and Hospital Association. All other means having failed to arrest the destructive methods practised by the president of the board of directors, there seemed nothing left for us but to make a full and correct statement of the facts in the case, so that the profession generally might know the true status, and that the blame might be placed where it rightfully belonged.

Fearing to injure the college even incidentally, we questioned the wisdom of making public our local troubles, and some of our friends, whom we consulted, strongly advised against it. However, after mature deliberation, it seemed best that the truth be spoken, and *THE CRITIQUE* did not hesitate to tell it frankly and clearly. The effects were exceedingly gratifying and salutary.

Immediately there was aroused a spirit of loyalty for the school, and a determination to take it from the control of men who were destroying its usefulness and place it in the hands of its friends. Many who had been indifferent or passive now realized

that their first duty was to the college and to homeopathy. At once, on ascertaining the true condition of affairs, through the showing made in THE CRITIQUE, steps were taken to overcome the conspirators.

At the Annual Meeting, April 28, the men who remained loyal to homeopathy were very much in evidence; a new board was organized, new officers were elected, and plans were perfected for putting the college upon a better and safer basis. The wisdom of our course in boldly proclaiming the truth was no longer questioned by anyone. Through it the local profession was brought to a realization of the dangers which threatened the prosperity of the college and hospital.

It affords us great satisfaction to assure our friends and the profession generally, that further trouble has been averted; that harmony has been restored, and that the Denver College is all right. The men who did so much to injure it will be eliminated in the most effectual manner. The newly elected board and officers are pledged to maintain a high standard of medical education, and to make the institution worthy of your confidence and patronage.

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At the annual meeting of the college association, the following directors were elected for three years:—Dr. J. Wylie Anderson, Dr. W. A. Burr, Dr. C. E. Tennant, Dr. E. H. King and Dr. S. S. Smythe. The officers elected for this year were as follows:—C. W. Enos, president; W. A. Burr, vice-president; C. E. Tennant, secretary; E. H. King, treasurer. It is the declared purpose of the board to place the affairs of the college and hospital in the hands of representative business men as soon as circumstances will permit. The By-laws will be revised and measures adopted which will forestall any future attempt to introduce political methods into the management of the institution. It is the desire of all to make the faculty an independent body, composed of physicians not on the board of directors.

The outlook for the future of the college is very encouraging indeed. The students are loyal and enthusiastic, and a considerable increase in numbers is anticipated at the next session.

THE "North American Journal of Homeopathy," in its April issue, strikes the right note in the following explicit statement:

"It is not wise to cry peace, peace, when there is no peace. It is folly to talk of dropping the name homeopathic in the interests of harmony and unity when there is no harmony and can be no unity. The man who advocates the dropping of the distinctive title of the school under existing circumstances virtually advocates a betrayal of the principles of the school. We are bound to maintain our separate organization until the old school invite us to join their ranks on equal terms, and admit the right to both preach and practise homeopathy, should any so desire. To ask for less would be cowardly; to ask for more would be to uselessly postpone that concord of spirit and unity of effort in medical science which popinjays like Gould would ignorantly spurn, but which the liberal and tolerant are hoping for."

DR. EUGENE H. PORTER, General Secretary of the American Institute of Homeopathy, in a recent letter to THE CRITIQUE, says, concerning the Washington meeting:

"I am very glad to be able to state that the present outlook is for a very large and enthusiastic meeting. Aside from the fact that Washington itself has many and notable attractions for the sight-seer, the dedication of the Monument, which will be a most notable and impressive ceremony, will suffice to largely increase the attendance at the Institute meeting."

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### Mrs. Cook's Last Appeal for the Monument.

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How any good homeopath can resist the following appeal from Mrs. Joseph T. Cook, president of The Ladies' Hahnemann Monument Association, is beyond our comprehension. Don't do it. Send on your two dollars and gladden her dear loyal heart. The profession owes a debt of gratitude to the Woman's

Monument Association, and especially to Mrs. Cook for her indefatigable labors in aid of our great undertaking. The monument will be dedicated in Washington, D. C., on the twenty-first of June; Mrs. Cook will be there, and any fellow who has not sent her two dollars will be mighty sorry. Mrs. Cook deserves a monument of her own.

BUFFALO, APRIL 23, 1900.

DEAR DOCTOR—

The Hahnemann Monument all must agree  
Has lagged and dragged to a painful degree.  
The ladies are working to raise quite a fund,  
And hope you won't feel as if you'd been dunned

When I ask you to send me a two-dollar bill  
By return of the mail, if so kindly you will;  
Or a postoffice order, or maybe a check,  
Only help me of such to get a full peck.

Now, good friend and brother, I must give a sigh  
When I realize you value your autograph high,  
To get it I've spent eight cents and some trouble  
And hope you won't think I ought to pay double.

This is the last from me you will hear,  
Unless a receipt I will send you with cheer.  
So send the amount and swell our bank book,  
And gladden the "Pres.," Mrs. Joseph T. Cook."

636 Delaware Ave.

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### The College Commencement.

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At the commencement exercises of the Denver College, held at Trinity M. E. Church, Tuesday evening, May 8th, the degree of M. D. was conferred upon—

Edward John Batie.  
Janet Beryl Clarke.  
Ella Hughes Griffith.  
Arthur Louis Peter.  
Daniel John Horton.  
Helen Hill Woodroffe.

## THE CRITIQUE.

## ORDER OF EXERCISES.

Invocation—Rev. A. C. Peck.

Contralto Solo—"The Worker," ..... *Gounod*  
Mrs. W. J. Whiteman.

Report of the Registrar—David A. Strickler, M. D.

Presentation of the Graduating Class by the Dean, James P. Willard, M. D.

Conferring the Degree of Doctor of Medicine by the President, Charles W. Enos, M. D.

Organ Solo—Overture, "Masaniello" ..... *Auber*  
Mr. Henry Houseley.

Address on behalf of the Faculty—Prof. John Walter Harris, M. D.

Valedictory—Arthur Louis Peter, M. D., Class of 1900.

Contralto Solo—"Semiramide" ..... *Rossini*

Recit—"Eccomi Alfine."

Cavatina { Ah! quel giorno.  
              { Oh! come da quel di.

Mrs. W. J. Whiteman.

Address—George Bedell Vosburgh, D. D.

Presentation of Prizes by the Dean.

Organ Solo—Polonaise Militaire ..... *Chopin*  
Mr. Henry Houseley.

## PRIZES.

*First.* Materia Medica—Dr. Ella Griffeth—Obstetrical Pouch, by J. Durbin & Co.

*Second.* Materia Medica—Dr. Helen Woodroffe—\$5.00 Supplies by C. H. Howe & Co.

*First.* Medical Diagnosis—Dr. Helen Woodroffe—Clinical Thermometer by H. F. McCrea.

*First.* Obstetrics—Dr. A. L. Peter—Obstetrical Forceps by Dr. Nordland.

*Second.* Obstetrics—Dr. Janet B. Clarke—Set of Tissue Remedies by Steinhauer.

*First.* Surgery—Dr. A. L. Peter—Large Medicine Case by W. H. Lauth & Co.

*Second.* Surgery—Dr. E. J. Batie—Hypodermic Syringe by the Scholtz Drug Co.

*First.* Gynecology—Daniel J. Horton—Gynecological Satchel by a friend.

THE CRITIQUE gave one year's subscription to each member of the graduating class.

There were a large number of presents from friends to various members of the class.

The commencement as a whole was most satisfactory. The attendance was large, the music excellent, and the addresses all met with a hearty reception. The valedictory of Dr. Arthur L. Peter was exceptionally good and fully deserved the enthusiastic appreciation manifested by the large audience.

The class of 1900 appeared to advantage in their caps and gowns, and were warmly congratulated by their numerous friends and acquaintances.

THE CRITIQUE wishes them long and successful careers in their chosen vocation.

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### Hahnemann Monument.

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DEAR DOCTOR:

We have the pleasure of advising you that "Scott's Circle" has been selected as the site for the Hahnemann Monument. This is at the intersection of Rhode Island and Massachusetts Avenues, and Sixteenth Street, a few squares directly North of the White House, considered by the Committee as one of the most eligible locations in Washington.

In the center is the equestrian statue of General Scott, the representative of war. On the West stands the statue of Webster, facing the East, representing law and statesmanship. On the East will be erected the monument of Hahnemann, looking to the West, representing medicine and science.

The Monument will be dedicated during the session of the Institute, beginning June 19th.

HAHNEMANN MONUMENT COMMITTEE.

April, 1900.

## Notes and Personals.

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Dr. E. H. Pratt, of "Orificial Surgery" fame, was married in February to Miss Lottie Kelly, of Galva, Ill.

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For several years money has been gathered together in Berlin, Germany, for a Homeopathic Hospital. News now comes that a site of ten acres has been purchased near the city, and that a splendid hospital is to be erected thereon.

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Dr. J. M. Selfridge, an old and able physician of the new school, of the Pacific Coast, has recently been cured of epithelioma of the face by means of the X ray. The healthy parts were protected by means of sheet lead. Only a small cicatrix remains.

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A physician near Syracuse, N. Y., is making practical use of homing pigeons. In his afternoon visit to a patient he leaves a pigeon to return to him in the morning bearing a note describing the condition of the patient. The plan is said to be working well.

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Beginning June 19th the Surgical and Gynecological Association of the A. I. H., will hold four sessions at the meeting of the American Institute in Washington. The idea of this separate session devoted to Surgery and Gynecology is a new one, and is said to be meeting with general favor.

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Dr. Leslie E. Keeley, of "Keeley Cure" fame, died in February, in Los Angeles, California, it is said, a sacrifice to the Christian Science fad. The exact prescription by which so many cases of drunkenness were cured is not definitely known, but it is supposed the ingredients were chloride of gold, strychnine and cinchona.

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The latest authorities now believe the X-rays to be magnetic and electrical pulses, or waves of extremely short length. On this theory these waves or pulses are found beyond the violet color of the spectrum away into the dark region invisible to the naked eye, and brought out only by means of the art of photography. It is believed that in this invisible region of the spectrum are many strange manifestations besides the X-rays, which future investigations may, by some means, render visible.

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The health commissioner recommends a medical school inspection for Denver, to be under control of the board of health. The city to be divided into districts and the district inspectors to examine all the school children the first hour of school each day,

all suspicious cases to be sent home with cards to their parents. It is not proposed that these inspectors shall give or offer any treatment.

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The health commissioner also recommends an ordinance compelling the disinfecting of school-rooms once a week, and that all school-books returned from disease infected houses be properly fumigated.

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It is said that the Philadelphia Post Graduate School of Homoeopathy and the Dunham Medical College, of Chicago, have consolidated, and that the two faculties will unite to make one school in Chicago. Professors Kent, Farrington, Cameron and others will go to Chicago, and Dr. J. T. Kent will be Dean of the faculty

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Dr. Millie J. Chapman, Pittsburg, Pa., has been appointed one of the speakers at the International Medical Congress to be held in Paris, France, next August. Dr. Chapman has chosen for her subject, "Homeopathic Therapeutics."

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The thirtieth annual report of the Massachusetts Homeopathic Hospital for the year 1899, makes a grand showing for homeopathy. The whole number of patients treated during the year was 1,963. The total of deaths was 74, thus showing a death rate of only 3.77. There were 1,318 surgical cases with a death rate of 3.64. The medical death rate was 6.03. The obstetrical death rate was 1.5.

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Dr. Charles McBurney ("Boston Medical and Surgical Journal") has resigned his position as attending surgeon to the Roosevelt Hospital, and the announcement is received with great regret and considerable surprise by the profession. Dr. McBurney has been identified with Roosevelt during its entire existence, and it was on account of the high esteem felt for him that the Sims Operating Pavilion, one of the most completely equipped establishments of the kind in the world, and which was erected and fitted up under his personal supervision, was added to the hospital.

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THE CRITIQUE is in receipt of program of the Thirty-fourth Annual Session of the Indiana Institute of Homeopathy, to be held at Hotel Denison, Indianapolis, May 15, 16 and 17, 1900.

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As long as the doctor sees only his prospective fee he will be very apt to overlook many significant symptoms in his patient.—*Medical Talk.*

---

Dr. Arthur L. Peter was elected interne for one year at the Denver Homeopathic Hospital.

BICYCLIC OBSTETRICAL CALENDAR. A novel and handy ready-reference for physicians, handsomely printed in two colors on card convenient for vest pocket. Sent free on request, by the publishers, Norwich Pharmacal Co., Norwich, N. Y.

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## New Books.

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SKIN DISEASES. Their Description, Etiology, Diagnosis and Treatment, According to the Law of Similars. By M. E. Douglas, M. D., Lecturer on Dermatology in the Southern Homœopathic Medical College, Baltimore, Md. Illustrated. 467 pages. Cloth, \$3.50; by mail, \$3.65. Philadelphia: Boericke & Tafel. 1900.

"The author has been prompted to prepare this work by a conviction of the existence of an urgent demand for a work on dermatology in our school of medicine which should embody the advances recently made and set forth the distinctive character of our therapeutics in a rational and practical manner."

"The work has been written in the first instance with the view of meeting the wants of the homeopathic practitioner in his daily dealings with diseases of the skin; at the same time the needs of the medical student in preparing for his examinations have been kept constantly in mind."—*Preface.*

As this is the only homeopathic work on dermatology that has appeared in recent years it will undoubtedly receive a hearty welcome from the profession. In looking it over we find it is really an excellent book,—concise, clear and practical.

The author first gives the anatomy of the skin and then proceeds to describe the various diseases to which it is subject in terse but comprehensive language. The illustrations are good and the homeopathic therapeutics are full and satisfactory.

The book is gotten up in the usual excellent manner of Messrs. Boericke & Tafel, and ought to command a large sale.

---

THE ANATOMY OF THE BRAIN. A Text-book for Medical Students. By Richard H. Whitehead, M. D. Professor of Anatomy in the University of North Carolina. Illustrated with Forty-one Engravings. 6¼ x 9½ inches. Pages, v-96. Extra Vellum Cloth, \$1.00, net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia, Pa.

This work of Dr. Whitehead's will be found one of the most satisfactory that has been given to the profession on the anatomy of the brain. The text, arrangement and descriptive matter are all worthy of special commendation. The author says it has been

his "aim to furnish medical students with a clear, accurate and concise account of the anatomy of the brain, to be used as a guide in their study of that organ," and most successfully has he accomplished his purpose.

The book is handsomely illustrated with forty-one engravings which add very much to its value and appearance. Every medical student should possess a copy of this interesting work.

**SUGGESTIVE THERAPEUTICS AND HYPNOTISM.** Being a special course of thirty-eight lessons on the uses and abuses of suggestion. By Herbert A. Parkyn, M. D., A. M. Chicago: Suggestion Publishing Company. 1900. 334 pages.

In his preface to the second edition the author says:

"Our doctors have been too materialistic, our so-called metaphysicians, Christian scientists and mental healers too ignorant of medicine and the law of suggestion. The work should be combined. We cannot ignore the body. We cannot do without food or medicine. Hunger and thirst may well be classified as disease. What are the remedies? Bread and butter, beefsteak, potatoes and pure water. Show us how to do without these and then we can think of dispensing with medicine of all kinds."

The book is designed to be one of instruction, and discusses not only suggestion but also somnambulism, mesmerism, catalepsy, hypnotism and allied subjects quite extensively. There is much in it to interest and hold the attention of the reader who may become interested in the subject of hypnotism or of suggestion.

**INDIGESTION: ITS CAUSES AND CURE.** By John H. Clarke, M. D. Fellow of the British Homeopathic Society; Extraordinary Member of the Royal Medical Society of Edinburgh; Consulting Physician to the London Homeopathic Hospital; Author of "The Prescribed," etc. American Edition: From the Fifth English Edition. Price, Cloth, 75 cents, net. By mail, 80 cents. Philadelphia: Boericke & Tafel. 1900.

The very fact that this little work of Dr. Clarke's has passed through five editions in England is pretty good evidence that it possesses many merits and that it holds the confidence of the profession. In discussing the treatment of indigestion the author says: "There is much to be done; but he who knows not Hahnemann and Homeopathy will fail to do it. It is first here that Homeopathy shines with such conspicuous lustre beside Old Physic. By means of its powerful and yet mild medicines it can work out cures when allopathy must stand helplessly by, or make matters worse by giving drugs that are almost certain to do harm."

## Things to Remember.

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THE CRITIQUE has the largest circulation of any medical journal published west of the Missouri River. Hence it is the best medium through which to advertise.

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SUBSTITUTES. "These substitutes are often unsightly, offensive in taste, many totally lacking in the characteristic properties of Fairchild's Essence of Pepsine—the properties upon which the physician relies for his results. Many of them are disagreeable enough to make a well person sick, and would certainly have disturbing effect upon the adult sick, and very serious effect upon sick children and infants, for whom Fairchild's Essence is very much prescribed. The man who does this evil thing, purely from a mercenary motive, is surely devoid of mercy, and deserves none."

---

Patent Medicine Man.—I don't know whether to publish this testimonial or not.

His Partner.—What is it?

Patent Medicine Man (reading)—Your cough syrup has been used with wonderful success for our boy, aged ten. He confesses that he would rather go to school any time than to take your preparation.—*Puck*.

---

THERAPEUTIC USES OF GUDE'S PEPTO-MANGAN.—*A. Fasano, professor of the University of Naples, Italy, has published a very elaborate article on the newer preparations of iron and manganese, and, after a very minute study from a chemical, physiologic and therapeutic point of view, comes to the conclusion that the only one of real Merit is Gude's pepto-mangan, in the treatment of anemia and chlorosis, no matter from what cause.*

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THE CRITIQUE wishes especially to call the attention of its patrons to DePuy's Adjustable Fibre Splints advertisement, which appears on page vi. facing reading front. Too much cannot be said in praise of these goods.

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"That new ladies' magazine proved a complete failure."

"Did it? What was the cause?"

"Why, it was called the Age of Woman, and, of course, that's something the women don't want mentioned.—*Philadelphia Bulletin*.

---

DEAR DOCTOR:

We take pleasure in replying to your esteemed favor, and inclose herewith a circular and price-list of the DePuy Splints.

That you may be enabled to see the goods before purchasing,



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HARMLESS STIMULANT TO HEALTHY GRANULATIONS.

Cure quickly Suppurative and Inflammatory Diseases of the  
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CEREBRAL EXCITEMENT, NO IN-  
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For more than a year we have been sending these goods out on this plan, and up to the present time, not one set has been refused on examination, and returned. We are willing to take all risk of their pleasing you, feeling that every up-to-date physician will readily see their many advantages over other makes, and gladly keep them.

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Thanking you for your kind inquiry, and hoping to hear from you again, we are, Sincerely yours,

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7. It dissolves best when placed on top of the water.
8. It is most active in newly made solutions. P. D. & Co.

W. H. Lauth will cheerfully attend to your surgical instrument wants. 1619 Curtis Street.

Doctor; kindly compare THE CRITIQUE typographically with other medical journals, and when in need of first-class printing, remember that John Dove is an artist in his line, and will treat you on the square. (See ad. on page iii., this issue).

Your attention is called to the third cover page of this issue of THE CRITIQUE for the advertisement of The Denver Homeopathic College and Hospital.

## THE CRITIQUE.

"Say, Baw, was the eclipse on April 28 total?"  
Baw (mournfully): "It was."

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Fellows' Syr. Hypophosphites has been before the public for thirty years. "Time but the impression stronger makes"—the virtues grow with age, with this ideal tonic. Sold only to the medical profession. Read all about it on page vi.

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"To be disposed of, a small phaeton, the property of a gentleman with a movable headpiece as good as new."

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Why pay three prices for abdominal supporters, elastic stockings and elastic trusses, when by consulting G. W. Flavell & Bro. (adv. page xi.) you can learn of prices highly satisfactory.

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"As genial as sunshine,  
Like warmth to impart,  
Is a good-natured word  
From a good-natured heart."

---

Have you used Papine? If not, do not remain longer in the rear of the procession, but signal your attention to better deeds by using a substitute for opium that is not followed by unpleasant results,—Papine. Battle & Co., Manufacturers.

---

Catarrhal troubles abound at this time of the year. By the use of Glycozone and Hydrozone you can, in connection with your other treatment, obtain pleasing results. Charles Marchand, sole manufacturer.

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Do you have a nervous, neurasthenic patient that resists your every effort to cure? Write to Amos J. Given of the Given Sanitarium, Stamford, Connecticut, and persuade those in charge of her to send her to this ideal place for treatment.

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"When collapse calls for instantaneous blood supply"—try Bovinine by sub-cutaneous injection of one part to two of neutral salt solution.

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C. H. Howe & Co., 622-624 Sixteenth Street, keeps a full line of homeopathic supplies; also a complete line of drugs.

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# THE CRITIQUE.

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VOL. VII.

DENVER, COLO., JUNE 15, 1900.

NO. 6

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## Therapeutics of Eczema.

By W. A. Burr, M. D., Denver, Colo.

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Eczema, this most common of all the diseases of the skin, is amenable to internal medication only after the most painstaking care in selecting the best remedy by one having a comprehensive knowledge of the nature and treatment of the various diseases that afflict the body. This is true for the following reasons:

*First*—The causes of Eczema are many and varied, including diseases of the alimentary tract, the generative tract, the urinary tract, and the organs of circulation, the blood and the nervous system. Age, occupation and climatic conditions, and the environment of life in general have also much to do in determining the particular variety, the location and time of appearance of this disease which presents an almost infinite variety of forms.

*Second*—The diseases of the various organs and tissues of the body that may produce some form or variety of Eczema are very numerous, most of which may be acute, subacute or chronic, with the liability of an acute attack being, at any stage, superimposed upon the chronic. And we may not say of any particular case of Eczema that "it is due to disease of the liver," and think we have all the data necessary to enable us to prescribe accurately. We must also know just what that disease of the liver is and understand all about its cause, nature and treatment. And the same may be said of each of the other diseases causing Eczema.

*Third*—Eczema has a great, almost infinite, variety of lesions, including nearly all the typical forms with their numerous modi-

fications. In this disease alone are found the erythemas, macules, papules, vesicles, pustules, bullæ, crusts, scales, fissures, ulcers, tubercles, abscesses, excoriations. And almost any of these may be complicated with other skin diseases, as psoriasis, the syphilodermata and parasitic diseases. Many dermatologists now believe that Eczema itself is essentially a parasitic disease.

*Fourth*—Add to this the varied dyscratic taints, the individual idiosyncrasies and the parasitic skin affection all modified by individual environments, and it is readily seen how numerous may be the phases of Eczema presented to the skin specialist for diagnosis and treatment. The most eminent skin specialists find themselves unable to classify some cases and are perplexed to decide on the best treatment.

Hence, a most thorough and comprehensive general knowledge of medicine, especially of the various diseases that afflict man and of the materia medica from which we select our remedies, are prerequisites to successful prescribing for this manysided disease.

Then, too, not only the general and particular symptoms of the skin are to be considered, but the concomitant diseases also ; and these are often more important factors in making an accurate prescription than the cutaneous symptoms themselves.

The therapist in dermatology must not fail to consider the severity of a skin disease. Is it Eczema simplex, Eczema rubrum, or Eczema impetiginosum ? And what is the general temperament of the patient ? Is the disease due to occupation, climatic conditions, or does it arise from some dyscrasia or constitutional taint, or is it due to some misapplication of drugs or some excessive medication ?

As to the potency of the remedy to be used, in acute cases and those due to recent excessive drugging, as well as those of a severe type in general, the lower potencies will be found necessary. In chronic cases, and in those of a mild type, the higher potencies will generally serve better. But in deciding the potency, the nature of the remedy, as well as that of the disease must be considered. Deep and long acting remedies, as a rule,

may be used in the higher potencies and repeated at greater intervals.

In infants, and for Eczema capitis, the similimum will often be found among calcarea carb., rhus, lyc., natr. mur., graph., hep., ars., sil., merc., or sul. For Eczema facialis (crusta lactea), calcarea car., borax, croton oil, viola tricolor, may be considered.

In Eczema Senilis, arsenicum is especially to be thought of and will prove curative in a large proportion of the chronic cases. Eczema rubrum and Eczema squamosum in the aged are well nigh intractable, and tax the patience of the dermatologist as well as that of the patient himself. In such cases the concomitant disease must be sought out and considered in the prescription made. Furthermore, the hygiene must be corrected when at fault. As an adjunct in these cases, the use of gauze or thin muslin bandages, saturated with some saline solution, are very helpful and sometimes indispensable. Where watery solutions are not tolerated, cod liver oil or mutton tallow may be applied.

In Eczema due to derangements of digestion and nutrition, hydrastis, cardo veg., nux, or lyc., will often prove curative. In Eczema ani, causing fissures, nitric acid, ars., or sulphur will effect a cure.

Local applications of a simple nature may not only be used with impunity in the treatment, but often prove most valuable adjuncts, or even indispensable. Dermatologists of all schools resort to these more or less, the *sine qua non* being that the application be of a simple nature. Saline solutions, bran or slippery elm washes or poultices, or marsh mallow or boiled starch are simple or harmless applications. But to consider local applications is not the province of this paper.

A few simple papules appeared along the margin of the hair over the forehead in a woman of light complexion, aged 45. She was apparently well, save a little disturbance of the digestion. Hydrastis 3x cured in a few weeks so the eruption has not returned in five years.

A miss of fair complexion, aged 20, was annoyed with pimples along the margin of the hair in front and around the mouth

and chin. She had not been in the habit of eating butter, supposing this dietetic would tend to produce skin eruptions. Hydrastis 2x, taken for two weeks, removed the papules, which have not returned in three years.

In these two cases the eruption was due to faulty digestion and were cured by a remedy not much used in skin diseases, but most valuable in affections of the mucous membrane.

A woman of middle age was annoyed with papular and vesicular Eczema along the margin of the hair from ear to ear, on the back of the head. Sulphur in the middle and high potencies wrought a cure in ten weeks.

A woman aged 60 had suffered many years with a patch of eczematous eruption the size of a silver dollar, papular and vesicular in variety, and at the margin of the hair on the back of the head and neck. There was an itching so severe that at times she was driven to distraction. A solution of carbolic acid locally relieved the severe itching, and sulphur from 3rd to 30th so far relieved the Eczema that in a few months she was so much improved that she ceased to come to the clinic.

Hydrastis seems to be almost specific for eruptions along the margin of the hair in front, and sulphur when along the margin of the hair at the back of the head. These are simply clinical facts and no explanation has been offered.

A spare woman, aged 55, had Eczema rubrum of the legs for years. She had sought relief at the hands of several physicians all in vain. She received ars. alb. at the Tabernacle clinic. Referred to the College clinic, the remedy was continued in the sixth potency, the symptoms calling for this remedy. It was continued for six weeks with but little benefit. Gauze bandages saturated with salt solution were then ordered and applied daily and the same remedy continued. Satisfactory improvement followed, which continued until she was so nearly well that she ceased to come for treatment.

A woman weighing 300 pounds, aged 47, had serious difficulties with her husband. She was tormented day and night with jealousy and fear of bodily harm. An eruption appeared on both legs from the knees to the ankles, which rapidly de-

veloped into a typical case of Eczema madidans. The carefully selected homeopathic remedies did not arrest the disease, which grew steadily worse until both legs were covered with one solid mass of incrustation. The effused serum was so profuse as to completely saturate the bandages which she had loosely applied to keep out the air. Bandages saturated with mutton tallow gave some relief, but the case proved a most intractable one. Salt solution bandages would have given relief, and with the proper remedy would, I think, have wrought a cure. She came to me incog., and all at once was lost to view.

These cases of Eczema impetiginosum on the legs of elderly people, especially in persons of uncleanly and unhygienic habits, are very obstinate indeed, requiring a most intimate knowledge of the constitution of the patient and great care in selecting the remedy.

A child seven months old, a typical calcarea carb. patient, taken with Eczema when a few weeks old, had received treatment at the hands of a skin specialist with no permanent benefit. The eruption would very nearly disappear under the local applications used.

When I first saw the child, the scalp was one mass of crust with extensive incrustations of the cheeks also; eczema capitis and faciei of the impetiginous form. Calcarea carb. seemed plainly to be the remedy, and was used from the 3rd to the 30th potency. The eruption did not disappear, but the general health was much improved under this remedy. In a few months the parents became discouraged and strong external applications were again used. The health began to decline and I was again called. The health was speedily restored again, but the eruption persisted with only slight modification. Still again the parents took the child to old school physicians, who made free use of strong local applications, giving nothing internally. As before, the child began to fail, and finally came near dying. The third time the parents came to me and besought me to take the case with the assurance that they would persevere in my treatment. They kept their word. The child was again brought back to a state of comparative health, and has lived and thrived

until now, at the age of three years, he is practically well in every other way.

This was a typical case such as is met with occasionally by every physician. In such cases the physician can do no better than to use the homeopathic remedy and persist in it, even if the eruption does not disappear, at the same time using such bland and soothing applications as will relieve the irritation and itching. When the period of teething passes, the eruption will yield to safe treatment. Study well the 70 remedies with their indications as given by Kippax, and a selection may generally be made that will effect a cure, or at least do all that internal treatment will do in that direction.

A woman aged 30, was in her second gestation. The ninth month a troublesome Eczema suddenly appeared on the abdomen spreading to the back and thighs. The itching was intense Rumex 1x, with a mild solution of carbolic acid locally, wrought a cure in ten days.

A man aged 35, at the tenth month of Bright's disease, in third stage, had universal eczema with itching so intense he could not sleep. Rumex 1x, followed by sulphur 6x, gradually relieved the itching and effected a cure in six weeks. There was an excess of urea in the system at the time.

Eczema is often present in gouty and rheumatic cases due to an excess of urea and uric acid in the system. In gestation, mechanical pressure on the kidneys, in the latter months, interferes with their normal action and an auto-intoxication follows, causing, sometimes, eczema of the skin.

These few cases are sufficient to show the great variety of causes and conditions giving rise to Eczema.

Then the successful prescriber for Eczema must be—

*First*—An expert in diagnosis.

*Second*—Well versed in etiology.

*Third*—Thoroughly posted in materia medica.

*Fourth*—Familiar with the many appearances of Eczema; and

*Fifth*—He must have a genius for accurate prescribing.

## The Treatment of Infantile Convulsions.

Walter A. Corson, M. D., Denver, Colo.

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It may seem strangely out of place for me to give this article the title, "The Treatment of Infantile Convulsions," Eclampsia Infantum, for you and I must regard convulsions as a symptom only, never as a disease, and I say "never" advisedly. Some of you, no doubt, disagree with me strongly, yet firmly believe that a convulsion is always a manifestation of some disease, even should that disease be veiled in the darkest obscurity, but which will reveal itself sooner or later. Have we not as much license, then, to regard oedema of the feet and ankles as a distinct disease, other than as a manifestation of renal or cardiac disorders? In children, then, we must regard convulsions as a cross-roads sign, pointing out to us the way to the disease of which it is a part.

No matter what the causative disease may be, we are liable to find convulsions in children of very neurotic parents, people whose nervous force and energy eat up the assimilated fat, leaving none to be stored in the cellular tissue. Perhaps one of the family may be epileptic, or the mother hysterical. Delayed dentition, that symptom of improper ossification—rachitis—stands high in frequency as a causative factor. The onset of the acute infectious diseases in such children is frequently marked by a convulsion or a series of convulsions, instead of the usual rigor. Fright or extraordinary excitement, caused often by the frantic efforts of some parents to amuse their children, is a cause frequently attended by the most unhappy results.

This latter cause was brought to my attention during the summer of 1896. A family of parents and two children, the latter aged, respectively three and five years, was visiting the seashore for health and pleasure. The day following their arrival they decided to take an ocean bath, taking the younger child into the breakers in spite of the most violent opposition on her part. You can imagine the effect on the nervous system of such a child. After the bath, as if to make certain the mental imbecility of the parents, the child was taken, in this highly nervous

state, for two rides on a toboggan slide, with its rapid turns, etc. An hour after reaching their hotel, this child had a convulsion, followed by a series of them, with all the symptoms of acute meningitis, terminating in death within forty-eight hours, in spite of constant attention on the part of my colleagues and me.

As to the treatment of the diseases already mentioned as causes, I can add nothing to the well-formulated rules laid down for such treatment.

My object in presenting this paper is to call attention to a line of treatment when the convulsion is purely reflex from gastro-intestinal irritation. This cause is operative in fully ninety per cent. of cases, usually from the ingestion of improper food, or from the presence of intestinal worms. To rid the bowel of the latter, sit the child for fifteen minutes over a bucket containing hot water, or give a rectal injection of salt water of the strength of one teaspoonful of salt to a glass of water; or, which has served me better, one part of cider vinegar to six parts of water, remembering that these injections are not to be carried above the rectum. Apply locally after the enema or the vapor bath, a good grade of vaseline, preferably white. This local treatment is to be followed by frequent doses of Cina 2x, or by two or three doses of Santonin  $\frac{1}{4}$  grain, and a restriction of the carbo-hydrates, especially sugar. If the cause be a hard, resisting gum, an incision confined to the apex of the erupting tooth, controls the convulsion promptly.

The feeding to the delicate infant stomach of such hard problems as peanuts, popcorn, fresh string beans, corn, etc., forms the cause which requires prompt, energetic treatment. I desire to call your attention to the high fever which nearly always accompanies the condition arising from this cause. In many, many cases have I seen the temperature rapidly rise to 104° F. and maintain this elevation, with but slight variation, for two or three days. In others, the temperature will be just as high immediately after the convulsion, followed by a rapid fall, reaching normal in four to six hours. The first step in the treatment, if the child still be in the convulsive stage, will be the hot immersion bath, with cold water sprinkled over the head. The addition of mus-

tard to the hot bath certainly does no harm, yet I doubt its utility.

As soon as the convulsion has passed, it is absolutely necessary to rid the gastro-intestinal canal of the offending food. If the child has not vomited since last taking food, tickling the fancies with a soft feather will empty the stomach promptly and safely. Being sure that the stomach is empty, the lower bowel should be thoroughly washed out. Take an ordinary fountain syringe, containing a quart of warm water in which has been dissolved a teaspoonful of baking soda, or still better, of boric acid, remove the hard rubber tip, and give the lower half of the soft rubber tube a thorough cleaning. Lubricate it well and introduce it gently as far up the bowel as possible. I have frequently succeeded in introducing from eight to twelve inches of the tube. Allow the solution to enter the bowel slowly, keeping the child on the back with the hips slightly elevated above the head. This will be followed by a copious movement which will clear the way for the exit of the contents of the small intestines, which we have thus far been unable to remove. A large dose of Castor Oil will in a few hours almost completely empty the alimentary canal of indigestible food. Now, and not until now, can our remedies be of service. If the fever is marked, and there is a tendency toward a return of the convulsive seizures, or if there is a history of previous attacks, I prescribe Ignatia, with a few intercurrent doses of Belladonna. If the convulsive element seems to be lacking, and there appear no ill effects other than along the alimentary canal, of course Nux Vomica controls that condition. At times, in spite of our efforts to empty the stomach and intestines, convulsions and high fever continue, with every prospect of the patient's early death, if they be not controlled. Here it is my custom to dissolve thirty grains of Sodium Bromide in ten teaspoonfuls of water, with enough cane sugar to make it palatable, and to give of this, one teaspoonful just frequently enough to keep the patient drowsy, and thus control the convulsive seizures, at the same time giving the remedies I have mentioned above.

During the attacks the child should receive only milk or milk foods, and be kept in a dark room, exempt from all noise

and excitement. Between attacks, when the child is apparently healthy, he should have an abundance of fresh air and sunshine, and great care given to his diet, to preclude the possibility of an overloaded stomach.

The treatment outlined above has proven universally successful in my hands, and I can recommend it for the thoughtful consideration of the busy practitioner who may have the misfortune to meet these trying cases.

I wish to say in conclusion, that after we have looked diligently for the cause of this condition, and have found what we consider a purely reflex one, that after all the seizure may be epileptic.

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A revolution in the management of hospitals and medical colleges is quietly taking place that is of profound and far-reaching importance. Lay governors and lay boards of trustees are becoming the depositaries of power in all things not pertaining to the cure and prevention of disease. As to the reasons for it, these may differ in each case, but as to the result on the whole it may be said that, where it has been tried, the lay government of these institutions has proved better than was that of the profession. The work of medical men is with disease and therapeutics; that of business and non-medical men is with finance and social life. In some hospitals and colleges it has been found best that even the choice and appointment of medical men themselves to positions is best left to the lay boards. The change is of inestimable benefit to the profession and to the public; we are relieved from onerous work for which we have no training, and are permitted to expend our whole energies on teaching and prophylaxis and therapeutics; the public wins thereby and by the work of laymen in new fields. It is an illustration of the beneficence of the law of differentiation of function in civilization.—*Editor Philadelphia Medical Journal.*

# GENERAL MEDICINE.

Conducted by W. A. Burr, M. D.

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"If anything is a proven fact, it is that the removal of the appendix cures appendicitis for all time, and is the only thing which surely does it, and that this means of cure is practically without danger. The danger lies in neglect. My own experience leads me to further add that all cases should be operated when the diagnosis is made, *provided it is made early enough.*"

The above is the opinion of Dr. Nathaniel W. Emerson, of Boston, Mass., as set forth in an article on Appendicitis, and published in the "New England Gazette." Many physicians will take issue with Dr. Emerson when he says: "all cases should be operated when the diagnosis is made, *provided it be made early enough.*" The general opinion of Homeopathic physicians seems to be that remedial measures should first be used, for such remedies as belladonna, mercurius, bryonia and others, will, in a large majority of cases, effect a speedy cure.

Should not surgeons, as a rule, call in counsel a general practitioner whose specialty is homeopathic therapeutics, before deciding to use the knife? A physician who can operate, in counsel with a surgeon well up in homeopathic therapeutics, could come to wise decision as to when to operate in cases of appendicitis.

W. A. B.

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## The Curative Power of Medicines.

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Dr. D. H. Roberts, of Owatonna, Minn., writes on The Curative Power of Medicines, published in the April number of the "Minneapolis Homeopathic Magazine." He says in substance:

*First*—Learned men and philosophers, as a rule, are too materialistic, giving to matter too much power.

*Second*.—A reaction has set in from the extremely materialistic teachings of modern philosophy in 'the claims that are being

made of healing disease without medicine, through the mediumship of Christian Science, Spirit Agency, Clairvoyance, Biology or Suggestion, and Homeopathy.'

*Third.*—All these healers, as well as the materialists, are 'extremists, and their issue unworthy the sacred name of science.'

*Fourth.*—Medicines, though dead matter, influence the vital forces and effect cures. Sand on the smooth rails does not add force to the locomotive, but makes the force already in the locomotive effective.

*Fifth.*—All curative power lies in the vital force of the patient; medicines simply give direction and stimulus to that force.

*Sixth.*—Nature is effecting cures for all classes of healers.

*Seventh.*—The greatest drawback to the progress of Homeopathy is the want of a scientific explanation of it.

*Eighth.*—Let this explanation be fully taught in our colleges, and given to the laity; the essential truths of Homeopathy are simple and easily understood by the people.

*Ninth.*—Also let the danger of drugs in the crude form be pointed out, and let the people be taught the criminality of advertising worthless patent medicines.

*Tenth.*—Also let the scope of drugs, administered for their real curative effect, be clearly defined.

*Eleventh.*—When all this is done, the truth of Homeopathy will come to be patent, and will prevail as never before." W. A. B.

### Smallpox Again.

In regard to Smallpox and Vaccination, Dr. Clarence R. Vogel, as published in the "Homeopathic News," says:

"Is smallpox less virulent now than before the introduction of vaccination? The answer would be both yes and no, dependent entirely upon the views of him making the reply. We cannot contradict the statistics which have been gathered to prove

that it is losing its malignancy, and that before another century shall have rolled away it will be recorded only as an extinct disease.

During the century preceding vaccination, the deaths in Europe from smallpox were fifty millions. This dreaded and loathsome disease invaded Mexico in 1520, and, as a result, nearly four millions of her people succumbed. Other epidemics appeared, devastating entire sections. Since 1798, when Jenner gave to the world vaccination, smallpox has been on the decline. This argument cannot be refuted, and it is about time that the anti-vaccination cranks should desist; for it is more than evident that the disease is now only frequent and intense where vaccination is refused or neglected. Vaccination, as practised originally, by the use of humanized virus, met, and quite properly, with serious objections. Syphilis, scrofula, erysipelas, etc., were undoubtedly transmitted from one person to another. These objections have, however, been done away with by the introduction of animal virus.

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### Clinical Notes.

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A single woman, aged forty, had a severe cold in the head, with the ordinary symptoms. There was also pain and redness in the throat, with a feeling of fullness extending along the eustachian tubes up to the ears, causing dulness of hearing. There was also a sensation like the prickling of a sliver or pin in the throat. The tonsils were red but not swollen. Hepar 3x effected a speedy cure, whereas merc. bim. 2x had produced only a slight amelioration of the symptoms.

W. A. B.

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Dr. Caldwell Morrison, from Summit, N. J., finds rhus aromatica a most valuable remedy for eneuresis.

Dr. Fred S. Piper, of Lexington, Mass., has found lobelia 2x good for vomiting in pregnancy. He says: "I now depend upon lobelia more than any other remedy to relieve the nausea and vomiting in pregnancy, and am very seldom disappointed.

Certainly it serves me better than ipec. nux, tartar emet. or verat. when nausea and vomiting are the principal symptms."

The same author records a case where, under the use of natr. sulph. 3x small warts disappeared that had not yielded to thuja, staph., calc. carb. or graphites.

He further says: "Alesculus 3x has cured three-fourths of all cases of acute hemorrhoids for which I have prescribed."—*Hahnemannian Monthly*.  
W. A. B.

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"While you are giving people simple rules for preserving their health, why don't you tell them about the use of lemons?" an intelligent professional man remarked the other day. He went on to say that he had long been troubled with an inactive liver, which gave him a world of pain and trouble, until recently he was advised by a friend to take a glass of hot water with the juice of half a lemmon squeezed into it, but no sugar, night and morning, and see what the effect would be. He tried it and found himself better almost immediately. His daily headaches, which medicine had failed to cure, left him; his appetite improved and he gained several pounds in weight within a few weeks. After a while he omitted the drink, either at night or in the morning, and now at times does without either of them. "I am satisfied from experiment," said he, "that there is no better medicine for persons who are troubled with bilious and liver complaints than the simple remedy I have given, which is far more efficacious than quinine or any other drug, while it is devoid of other injurious consequences. It excites the liver, stimulates the digestive organs, and tones up the system generally. It is not unpleasant to take, either; one soon gets to like it."—*Health*.

## SURGICAL DEPARTMENT.

Conducted by J. Wylie Anderson, M. D.

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In April, during the severe snow storm, great damage was done to the telephone wires. Quite a few horses were injured through coming in contact with live wires. On April 7, Mr. H. D. R——, aged 21 years, 6 feet 1 inch in height, one of the employes of the Telephone Co., caught hold of a live wire that lay across one of the wires of the Electric Light Co., and was thrown to the ground and rendered insensible for quite a time. He remained in this condition until one of the men descended a pole he was working upon and cut the wire. When he was knocked down, the wire fell in the mud and water, and this prevented part of the current passing through him. He was brought to my office, where, in my absence, Dr. Tennant dressed his hand, which was black where the wire came in contact with the palmer surface of the index, middle, and dorsal surface of the ring and little finger. At this time the burn seemed not so severe. In the afternoon, when I first saw the case, his pulse was 120, and he had not recovered from the shock.

I prescribed Nux 3x. and enjoined rest. The next day the index and middle fingers were blistered to the tips, and also the palm, to some extent. Following the sloughing, the flexor tendons were exposed, and the burn had destroyed all sensibility in the index and middle fingers. The hand was dressed with calendula and a splint placed in the dorsal aspect of the hand. The wound healed kindly under such treatment, and with good use of and no contraction of his fingers. Since healing, there is slight return of feeling in these two fingers, which I think will further improve.

When we consider that the electric light wires carry 2000 voltage, it is a wonder he was not instantly killed. Doubtless his fine physique, and the wire falling in the mud and water, relieved part of the voltage. One of the great dangers associated with electrical injuries is of neuropathic character, through the

nerve centers. This case at this time does not show any such lesions. In all burns, from whatever cause, the danger is cicatricial contraction. This is best treated by putting the part to rest, using a splint for this purpose.

J. W. A.

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### Notes of Thought on Malignant Tumors.

By Dr. B. H. Buxton (Jour. Cut. and G. U. Dis.)

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The author sums up as follows:

1. Carcinomas contain connective tissue because there is an attempt at defense on the part of the organism.
2. Their increase is not prevented because the cells can multiply in the newly formed lymph spaces of the stroma.
3. Sarcomas, as a rule, contain no connective tissue stroma because they consist of the very cells which would be called upon to form it, and which are now in revolt.
4. Sarcomas contain numerous blood vessels because these always penetrate masses of immature connective tissue cells, whether in the embryo or the adult.
5. Certain sarcomas contain connective tissue stroma because cells composing them are not ordinary connective tissue cells, so that the latter are able to attempt defense. The defense fails for the same reason as it fails in the carcinomas.
6. Tumors containing connective tissue stroma form metastases via lymphatics because the newly formed lymph spaces in which the cells are growing, open up communications with the regular lymph channels.
7. Tumors containing no connective tissue stroma form metastases via the blood vessels because the cells can easily break through the immature walls, whilst lymph spaces are absent.

## Reducing Dislocations of the Shoulder and Hip.

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Stimson ("Medical Record," March 3, 1900) states that during the last three months the following method of reducing anterior dislocations of the shoulder has been employed exclusively at the Hudson Street Hospital, and has proved so effectual and easy that he thinks it has earned the right to be more widely known. He was led to devise it by the success that had followed the employment, during a number of years, of a similar method in reduction of dorsal dislocations of the hip. It has now been tried in about ten successive recent cases; it has failed in none, and has never required more than six minutes to effect the reduction. The principle is that of steady, moderate traction upon the arm in abduction, and the procedure as follows:

A round hole, about six inches in diameter, is made in the middle of the canvas of a cot, about eighteen inches from one end. The patient is placed upon the cot with the injured arm hanging down through the hole. The cot is raised upon blocks so that it will be at a sufficient height from the floor, and a ten-pound sand bag is made fast to the wrist of the dependent arm. After a wait of a few minutes reduction is found to have taken place. None of the patients have complained that the procedure is painful.

Theoretically, it would be better to attach the weight to the arm close above the elbow, but in practise the wrist has proved to be the better place, for some of the patients would grasp the legs of the cot with the free hand, and thus interfere with the action of the weight. Possibly lacking a cot, two tables might be used, placed end to end, the head resting on one, the body on the other, with the arm hanging down between. But the lack of snug support of the shoulder might induce a muscular effort, which would defeat or at least delay success.

The same method could be employed in dislocation of the elbow, whenever the joint can be freely extended without the aid of anesthesia, but under such circumstances traction by the hands alone is usually sufficient.

In dorsal dislocations of the hip the method is applied as

follows: The patient is placed prone upon a table in such a way that his thighs extend beyond its end. The uninjured thigh is held horizontal by an assistant, to prevent tilting of the pelvis, and the injured one is allowed to hang vertically, while the surgeon, grasping the ankle, holds the leg horizontal (right-angle flexion at the knee) and gently moves it from side to side. If relaxation of the muscles is slow to appear, a sand-bag—five or ten pounds—is placed on the leg close behind the knee, or pressure is made there with the hand. This has succeeded in more than four-fifths of the cases in which Stimson has employed it, and often without the aid of anesthesia. In the two cases in which it failed, reduction was accomplished by traction in a line midway between right-angle flexion and full extension; presumably cases in which the bone had left the socket at a higher point than usual, probably dislocations “above the tendon,” so-called.

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### Shock and its Surgical Significance.

By Dr. J. H. Rishmiller (N. Y. Med. Jour.)

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The author offers the following conclusions:

1. Sensory-nerve irritation sufficiently powerful to produce exhaustion of the vasomotor centre causes a reflex paralysis and consequently a dilatation of the vascular mechanism.
2. Children and aged people with lax fibres and those addicted to alcohol, bear a peculiar susceptibility to shock.
3. Hemorrhage is the most pronounced cause, particularly if venous, as then the equilibrium of the vasomotor mechanism is too suddenly deranged.
4. Two distinct types are recognized; prostration with indifference, and prostration with excitement.
5. Peritoneal absorption of septic material invariably terminates fatally through shock before evident manifestations of peritonitis have developed.

6. A subnormal temperature, irregular pulse, superficial respiration, cold and anemic extremities, and clammy perspiration contraindicate an operation.

7. The severity of operative shock largely depends upon the length of time in the performance of the operation, and the duration and degree of the anesthesia.

8. Shock may to a large degree be prevented by any counter-irritation applied to the extremities.

9. Brandy *per os* and morphine subcutaneously before operating are imperative precautions towards prophylaxis.

10. The main treatment consists in stimulating the vascular system and to preserve the animal heat and supply artificial heat for the body.

11. In acute hemorrhage or other excessive anemia an infusion of normal saline solution is prudently indicated.

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Hare, in the new edition of his "Therapeutics," says: "We learn from practical experience several things which science does not tell us—namely: Iron will not cure all cases of anemia, even if they belong to a functional type."

No one remedy is a specific in any form of disease. All cases of anemia are not alike, any more than are all cases of tuberculosis, or any other disease. In anemia we find chiefly two classes of indications—the one characterized by erethism and the other by torpidity and sluggishness. In the latter variety iron is never the remedy, and if, in such, it seems to possess any beneficial influence, it is because it is administered in large doses and produces temporary physiological effects. On the other hand, erethistic anemia, or chlorosis, either one, is rapidly and permanently cured by iron in small doses. The chief indication is the easy flushing of the pale face. The patients, though weak, cannot keep quiet, but are better from very gentle exercise. They have headaches, and the head is hot, and the extremities cold. They are easily excited, are sensitive to cold air, and cannot endure pain. Often there is palpitation of the heart, with a well-marked bellows murmur. In such cases the curative effects of iron in small doses are often magical.—A. C. Cowperthwaite, M. D., Chicago.

# GYNECOLOGY AND OBSTETRICS.

Conducted by S. S. Smythe, M. D.

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## Conservative Treatment of Tumors.

By Howard Grutcher, M. D., Chicago.

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One of the most abused words in our language is the word "Conservatism." By some it is confounded with inertia. This, however, cannot be accepted as the true meaning of that word in a surgical sense.

A few weeks ago a venerable practitioner showed to me a large, sloughing, malignant tumor, the history of which dated back many years, and said, "I have treated this case, as you see, along strictly conservative lines." The history of the case indicated the primary existence of an adenoma which grew slowly through several years and at last underwent the usual change which converted it into carcinoma. The malignant tumor had grown with considerable rapidity and had of course broken and was in an active condition of ulceration when I saw the patient.

Just why such treatment should be called conservative is almost beyond comprehension. If the tumor had been removed when its appearance was first noted, a two-inch incision followed by a ten-minute operation, with primary union of the wound, would have ended the matter for all time. This, to my mind, would have been eminently conservative treatment—in other words, a treatment conserving the life of the patient rather than conserving the tumor; conserving the best interests of the patient rather than the whimsical prejudices of the practitioner. Our knowledge of the origin of tumors is as yet very limited, but certain clinical facts concerning neoplasms are too well known to admit of rational dispute. One great fact which will not admit of controversy is that benign tumors are prone to degenerate into malignant tumors. With this fact so well proven as to be of universal acceptance, it would seem to be idle to

speak of any treatment as conservative that temporizes with any growth supposed to be benign.

Some years ago I examined a small tumor in one of the triangles of the neck, which had then existed for several years. From its history it was probably a fibroma. At the time of this examination I urgently advised the removal of this slight growth on the ground that its presence could do the patient no possible good, and that if it should degenerate the change would probably take the life of the patient. My advice was not accepted. The tumor appeared to be such a trivial affair that the patient no doubt concluded that he was just as safe with it as without it.

Last winter I examined the same patient and found a large sarcoma, which was beyond the reach of operative treatment. He informed me that the growth had remained quiet for some years until a few months before my second examination, when it began to develop with surprising rapidity. No operation was performed, and while the subsequent history of the patient is not positively known, there can hardly be a question as to the outcome of the case.

The term "Benign Tumor" ought to be banished from surgical literature. Any tumor should be regarded as a menace to life and its removal under all ordinary circumstances strongly advised.

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### Goitre Operations.

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Schiller (*Beitrage zur Klinischen Chirurgie*, Band xxiv, Heft 3; quoted in the *Annals of Surgery*, January, 1900), publishes a summary, embracing 869 goitres, of which thirty-three were malignant, six Basedow, fourteen acute inflammation of the thyroid, and the remainder simple goitres. The special predilection of goitres for the female sex and about the period of puberty is again demonstrated, and in addition the greater frequency of their appearance during the summer months.

As for therapeutic measures, thyroidin is regarded as a

more efficient agent than iodine. Two hundred and thirty-six benign goitres were operated on. Puncture, injection, incision, and drainage, now obsolete, are replaced by Socin's method.

Chloroform morphine narcosis was most often used. The incision varied greatly, the most common being a curved incision along the border of the sternomastoid. The time of cure averaged eleven days for enucleations, and fourteen days for strumectomies. Drainage was always resorted to for three days. The mortality embraced four deaths from pneumonia, one by poisoning (?), and one case of chloroform death in which a persistent thymus was found.

The postoperative complications encountered were secondary hemorrhages, temporary laryngeal disturbances due to contusions, hemorrhages and infiltrations about the nerve. Tetany occurred four times where the removal of the gland was extensive, and twice it was associated with myxedema. In one instance an intra-abdominal transplantation of a freshly removed adenomatous thyroid failed to cure, but with the recurrence of the thyroid growth a cure set in. The simple goitres recurred in twenty per cent. of the cases.

The strumites were, with the exception of one case, secondary infections of pre-existing goitres, three infected by puncture, two were metastatic, and the remainder were unaccounted for. These cases too, were subjected to extirpation, unless the poor general condition permitted only of puncture and drainage.

The four cases of Basedow were all in females of a neuro-pathic taint. For the relief of these, ligation of the thyroid arteries alone was resorted to.

The malignant growths, more common between the ages of fifty and sixty, were most frequently represented by sarcomata, and merely in one-half the cases was the diagnosis made. The difficulty of strumectomy in these cases, is gathered from the necessity of resecting the internal jugular vein five times, and often extensive resections of the muscles had to be resorted to in extirpating the glands. Tracheotomy was thrice performed. The mortality was fifteen per cent. Five cases were free from

recurrence up to four and one-half years; fifteen months may be accorded as the average viability after recurrences. Better results are only to be expected from early diagnosis. Contraindications to operations are metastases associated with venous thrombosis and absence of the carotid pulse; on the other hand, if the tumor is immovable, adherent to vessels and larynx, and the carotid pulse still persist, there is no contraindication.—*Therapeutic Gazette.*

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### Sizing Up a Man.

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A contemporary gives the following advice to its fair readers: "For a man's birth, look to his linen and finger-nails, and observe the inflections of his voice. For his tastes, study the color of his ties, the pattern and hang of his trousers, his friends and his rings, if any. For his propensities, walk around and look carefully at the back of his head. A symmetrical cerebellum, with well-trimmed hair, is an indication of self-control and energy. If you want a successful man, see that he has a neat foot; he will move quicker, get over obstacles faster, than a man who falls over his own toes and trips up other folks with 'em, too. For his breeding, talk sentiment to him when he is starving, and ask him to carry a handbox down the public street when you've just had a row. To test his temper, tell him his nose is a little on one side and you don't like the way his hair grows. There are other ways which will suggest themselves naturally to a bright woman."

# EYE, EAR, NOSE AND THROAT.

Conducted by David A. Strickler, M.D.

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## Intra-Nasal Surgery.

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Dr. G. V. Woolen says (*Journal American Med. Association*, December 30th) that operative measures in the nares should be for one or more of the following purposes :

1. To restore nasal respiration and relieve disease of the respiratory tract.
2. To aid in the drainage of the nose, or the accessory cavities, or possibly both.
3. To remove pressure irritation.
4. To remove local hyperæsthesia.
5. To render local medication possible and successful.
6. To relieve auditory difficulties.
7. To remedy voice difficulties.
8. To remove malignant diseases.

His comments upon two of these purposes are as follows :

*"To Restore Nasal Respiration and Relieve Disease of the Respiratory Tract.*—Man may do without food, raiment, water, sleep, and, in fact, all of the so-called essentials of life, for an indefinite length of time, but he cannot do without breath, except for a minute or two. A study of mouth-breathing will soon convince a close observer that one cannot secure air enough that way, not to mention the many morbid processes which are brought into existence by it. The mouth is not a breathing organ. Mastication and speech are its associated functions, as respiration and smell are the associated functions of the nose, the first mentioned function in each organ being the most important. The mouth, unlike the nose, is not endowed with facilities for preparing the air for the lower respiratory apparatus, *i. e.*, moistening and purifying the air, and regulating its temperature. If the inspired air is not properly prepared, the delicate lining membrane of the lower respiratory apparatus is irritated, and spasm of resistance and insufficient inflation result. Therefore, all necessary tests should be made to determine in each case whether the

patient is able to breathe through the nose, not forgetting to ascertain, especially, whether he is able to breathe thus when asleep in the recumbent position, for then gravity loses much of its control over the nasal circulation, and tissues are flooded and swollen, which might not otherwise be obstructive. If it is ascertained that the patient does not breathe solely through the nose when asleep, the lower or respiratory tract of the nose should be closely scanned throughout, and the redundant tissue, whatever and wherever it may be, should be so reduced as to allow such freedom of nasal respiration that the patient may sleep with the mouth closed. Thus relief will also be obtained for most of those intractable cases of chronic pharyngeal, laryngeal, tracheal, and bronchial disease so often associated with the so-called habit—but in fact, necessity—of sleeping with the mouth open.”

*“To Render Local Medication Possible and Successful.”*—Great disappointment has often been met from medical treatment of the nose and nasopharynx, not because of the want of selection of proper medicaments, or of the methods of application, but largely, if not wholly, because the remedies never reached the diseased parts. Cases of this kind probably amount to at least 75 per cent. of those which consult a rhinologist. Spraying, douching, irrigating, fumigating, insufflation, unguents, and pigments, even when administered with the modern appliances which have taxed human ingenuity to its utmost, cannot reasonably encourage us to hope to reach cavities so inaccessible, if obstructed, as we often find them. Provided the parts can be reached, the difficulties in the therapeutics of this region are not in marked contrast with other parts of the body, and unless influenced by an apparently excessive tendency to the development of the hypertrophic process. As this principal of direct application is so much insisted on in other departments of medicine, one would think it would be equally so here. A local treatment, otherwise excellent, will often and necessarily fail for want of its recognition.”—*Medical Review of Reviews*, Jan., 1900.

### Nasal Alimentation.

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Solomon (*Le Progres Medicales*, January 13th, 1900), describes a method of administering liquids, whether as food or remedies, to patients in whom the more usual means are inapplicable. Rectal feeding is often inadequate or impossible; in comatose or delirious patients, the use of the stomach-tube is attended with difficulty, and in some cases with danger; and even the expedient of reaching the œsophagus by means of a catheter passed through the nostril is frequently rendered ineffectual in insane patients, who learn to get the end into their mouths and compress it with their teeth. Under such circumstances a manœuvre that he recommends as simple, safe and certain, is to pour the fluid with a teaspoon directly into the nares. One nostril is plugged with cotton, and the other may, if desired, be cocainized, although this is not at all essential. With the patient in the dorsal position, the head being steadied, if necessary, by an assistant, and kept extended, the operator at the beginning of an inspiration lets the contents of the spoon glide into the nasal orifice, when it will be found that the fluid trickles over the vault of the pharynx, aided by gravity and the inspiratory suction. Avoiding the epiglottis, it excites the swallowing reflex, and is carried down the œsophagus. Even substances that ordinarily are strongly irritating to the mucous membrane can be easily administered in this way, the explanation probably being that, as the epiglottis is not reached, reflex spasm is not excited. If the method is to be used for feeding, obviously to save time, it is advisable that the solutions should be as concentrated as possible. It has been in constant use by the author for twenty years, and he has never seen any unpleasant consequences.—(*Medical Review of Reviews*, Mar., 1900).

# THE CRITIQUE.

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## EDITORIAL.

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### In Honor of Hahnemann.

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The fifty-sixth annual meeting of the American Institute of Homeopathy to be held at Washington, D. C., June 19th to 21st, will be one of unusual interest and importance to the homeopathic profession throughout the world.

At that time there will be unveiled a magnificent monument which has been erected in honor of Samuel Hahnemann. That this should be done in America, at the capital of the nation, in the closing year of the nineteenth century, is not only a fitting tribute to a great man, but is likewise a testimonial to the splendid progress of homeopathy in this country and to the genius of our institutions.

To the fact that our constitution guarantees to all perfect liberty of opinion, must be attributed the steady advance and wide-spread influence among the people of Hahnemann's discoveries in the science of medicine. Although the law of similars is based upon a scientific truth, free from obscurity, it is true of all other countries that its acceptance and adoption has been greatly hampered and impeded by government interference. Everywhere except in the United States, restrictive legislation has had to be contended with by the advocates of homeopathy. Hahnemann met it at every stage of his career. What may be called State medicine has always arrayed itself against the recognition of the new system.

In all Europe the old school of medicine bears above the same relation to the State as do certain forms of religion, and this has rendered the progress of homeopathy slow and difficult.

Not so in liberty-loving America. Here, the difficulties which assailed the pioneers of homeopathy did not come from the government. While we have had to contend against base and partisan opposition from a rival school, no restrictive legislation has been permitted and homeopathy has stood and won upon its merits as a superior system of medication.

The monument which we have erected is not one simply for Hahnemann, the man. It has a broader and grander significance. It not only marks the progress of medicine during the nineteenth century, but bears ineffaceable testimony to the value and beneficence of Hahnemann's wonderful discovery. It stands for science and similia, for a law that is immutable, for a truth that is imperishable.

For this unrivaled work of art which is so soon to adorn our national capital, the country is indebted to the American Institute of Homeopathy, the oldest and most progressive medical organization in the United States.

"In building a monument to Hahnemann (said Dr. Charles E. Walton, president of the American Institute) we are doing honor not only to him but to ourselves. We seek not to deify a man, but to pay tribute to his greatness as a scholar and a philosopher. We seek to bear testimony in a substantial manner to our belief in the value of his law of cure. He taught the difference between a law and a coincidence; between a knowledge and a guess. He brought to a high degree of perfection the power of the thinking habit and his attainments stand as a constant incentive to the highest mutual activity. We would honor not only the doer, but the doing; and hope to perpetuate his example as an appeal to all investigators."

### \*Shall the Specialist Divide the Fee with the General Practitioner?

By Emery Lanphear, M. D., Ph. D., L.L. D., St. Louis, Mo.

(Formerly Professor of Surgery in the Kansas City Medical College and the St. Louis College of Physicians and Surgeons; Gynecologist to St. Joseph's Sanitarium, St. Louis.)

When an attorney in a county-seat has a client in danger of the penitentiary, and hence in need of the very best counsel, it is customary for him to seek some eminent lawyer of a great city and request his aid. In so doing does he approach the distinguished gentleman and say: "I have a client accused of——, who is able to pay \$3,000 for his acquittal, will you take the case with me for this sum—leaving me the gratification of having done my professional duty?" By no means! He plainly states: "My patron has \$3,000 to spend for his defense; are you willing to take \$2,000 of this to join me in securing justice for him?"

Arrangements of this kind are daily made in every large city. Does anyone ever suggest that the country attorney has been doing a dishonorable act in thus securing his city brother to do the major part of the work for \$2,000, he retaining \$1,000 for his services? Would a doctor, sued for \$100,000, regard such a transaction as disgraceful, unethical, objectionable, if thereby he were saved this sum?

But let the question be one of saving life instead of securing liberty or preventing financial loss,—and how different it is!

If a country doctor have a patient with recurrent appendicitis (upon whom he *might* operate with success, but fears possible failure) with a prospective fee of \$600 must he, in order to be "ethical," write to some city surgeon to come to his help, take all of the \$600 and leave him merely the satisfaction of a duty well performed, or possibly pay for a few visits at starvation rates? "Upon what meat doth this our Ceasar feed that he hath grown so great?"

Why should not the country doctor plainly say to the city

\*Extract from paper read at the Missouri State Medical Association, May, 1900.

specialist: "I have a patient with appendicitis who is able to pay \$600. Will you operate for \$400 and leave me \$200 for preparation, after-treatment, etc.?" What would be wrong about this?

Let Drs. Robt. T. Morris, of New York, and Burnside Foster, of St. Paul, who so vigorously maintain that division of the fee is unethical under any and all circumstances, point out what injustice would thereby be done to (a) the patient, (b) the attending physicians, and (c) the eminent surgeon. Why should we not learn a few things from the methods of our most noted lawyers, men who are above suspicion as to unethical conduct? Have we not hitherto been too unmindful of the financial interests of ourselves and our professional brothers?

I maintain that the payment of a "commission" for all business simply "referred" to a specialist, or for mere consultations, is probably unethical—certainly demoralizing in tendency; but that division of the fee is perfectly honorable and right when the specialist and the general practitioner jointly share the work and the responsibility.

[Dr. Lanphear's presentation of this question will, we think, appeal to the judgment of nearly every member of the profession, as being entirely just and ethical. There is no good reason why transactions of the kind mentioned should not be as clearly ethical among doctors as they are with lawyers. In fact it seems to us to be the only proper way to adjust such matters between co-operating doctors and surgeons. It is fair to the patient; a straight business transaction, and has in it nothing that smacks of the commission.—*Ed.*]

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### Railroad Rates to The American Institute.

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Every Homeopath should go to the Institute this year and help do honor to Hahnemann when his monument is dedicated.

The railroads have granted a rate of one fare and a third on the certificate plan. To take advantage of this rate you must buy a ticket through to Washington, paying for it a full fare, and

be sure to get a certificate showing that the ticket was bought for this meeting. If the agent in your town does not have such certificates, buy to the nearest point at which they may be obtained. A simple receipt will not answer.

When you get to Washington take these certificates to Dr. David A. Strickler, who will see that they are properly signed and vised when they will entitle you to a return ticket over the same route at one-third fare.

These tickets will be on sale in the Trunk Line territory June 17th to 21st. Further west early enough to meet these dates.

They are good for continuous passage, returning, starting from Washington June 21st to 27th inclusive.

In purchasing tickets, ask your agent about the rates and return privileges to the Philadelphia Republican Convention.

For any further information, inquire of

DR. DAVID A. STRICKLER,

*Chairman Transportation Com.*

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## Chilblains.

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Practitioner asks for hints in the treatment of chilblains.

In the "British Medical Journal" it was reported that Professor Baelz, writing from Japan, recommended the following treatment for chilblains and chapped hands :

R. Caustic potash,  $\frac{1}{2}$  per cent.; glycerine and alcohol, of each 20 per cent.; water, 60 per cent. The hands are bathed in warm water, and this mixture is then rubbed into the skin. This is done once daily, and in two or three days a cure is said to result.

Surgeon W. G. Macpherson also wrote :

The effect of the application of ichthyol to chilblains is so marked as to deserve notice. The unguentum ichthyol (30 per cent., with lanolin or vaseline) relieves the excessive irritation completely and rapidly, and its continued use will cure the condition.—*Exchange*.

Notes and Personals.

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Dr. David A. Strickler, who attended the Nebraska State Society meeting, May 15 and 16, informs us that the meeting this year was exceptionally good: that the attendance was large and everything indicated that homeopathy is flourishing in all parts of Nebraska.

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Dr. J. W. Mastin has just returned from a hurried journey to Shannon, Illinois, where he was called to attend the funeral of his mother.

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Dr. S. S. Smythe will leave Denver about June 10 for a visit to some of the Eastern hospitals and to attend the meeting of the American Institute of Homeopathy and of the American Homeopathic Society of Surgeons and Gynecologists, to be held in Washington, D. C., June 17 to 21.

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The Cleveland "Homeopathic Reporter," edited by J. Richey Horner, M. D., is the latest journalistic venture. It is published in the interest of the Cleveland Medical College, and the first number is a very creditable one.

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Dr. J. T. Coombs, Superintendent of the Fulton Insane Asylum, Missouri, has resigned, and Dr. W. D. Ray has been elected superintendent. This change is supposed to settle an old trouble and the Asylum will continue to make its usual good showing for homeopathy.

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Through the generosity of Mrs. Charles N. Whitman, Denver is to have a new homeopathic hospital for women in the near future. Thus are we building monuments to Hahnemann and Homeopathy over all this broad land,

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The antitoxin serum of Parke Davis & Co. is undoubtedly the most reliable preparation now on the market. Among our professional friends who use antitoxin in diphtheria this opinion prevails without exception, and is evidently based upon comparative tests with other serums.

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The editorial offices of the "Pacific Coast Journal of Homeopathy" have been changed from San Diego, Cal., to 330 Sutter St., San Francisco, Cal. Exchanges, books for review, and all communications intended for the editor of the Journal should be addressed as above.

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THE CRITIQUE wishes to correct the statement made in its last issue, announcing that the meeting of the Surgical and Gyneco-

logical Association of the A. I. H. begins June 19. It should have been June 18, at the Arlington.

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Dr. Clinton Enos has been appointed captain of Company C, First Infantry, stationed at Brighton, to fill a vacancy which has existed for some time.

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Dr. H. T. Cooper, of Colorado Springs, relates a very remarkable case, that of attending a case of confinement, when the mother had six children all down with scarlet fever. She kept up and waited upon them until labor actually commenced. After she got up from her confinement she resumed the care of them. There were no complications whatever in the case, the mother making the usual recovery. None of the cases left the house, and one of the children with the fever occupied the bed with her during labor and following the birth of the baby.

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Will all who have not used Stearns' Aromatic Cascara please make their wants known, and in doing so mention THE CRITIQUE and their wants will be supplied from Frederick Stearns & Co., Detroit, Mich. It is pleasant to take, gratifying in its action upon liver and bowels. After having got the stomach in good condition, take wine of Cod Liver Oil, and you have a combination that wins.

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We are informed that charges have been preferred, in the Board of Directors, against Dr. B. A. Wheeler, for unprofessional conduct. "Good things will happen."

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At the Faculty meeting of the D. H. C. & H. Association, held Saturday, May 26, a resolution was passed recommending to the Board of Directors that Dr. B. A. Wheeler be removed from the professorship of Mental and Nervous Diseases. The matter of Dr. J. C. Irvine's professorship was referred to the Dean and Registrar, who have since recommended to the directors that he be suspended from his professorship for one year. Both recommendations were adopted.

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Dr. C. E. Tennant has removed his residence to 1155 Vine St., to a new and commodious house in one of the best localities in the city.

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Dr. Margaret Beeler, formerly interne at the Homeopathic Hospital, has located at 1422 North Tejon St., Colorado Springs.

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Dr. J. Wylie Anderson is building an eight-room summer cottage at Indian Creek Park, where a company of twenty families have over 1300 acres of land. The park is situated at the foot of Mount Evans in Clear Creek County, thirty-five miles from Denver up Bear Creek Cañon. The company have just finished a

new road up the creek three miles to the park, making the entrance to the same private. The streams are being stocked with trout; a large fish pond will afford fishing for the ladies. The company has its own teams, cows, chickens, and keeps a man and his wife constantly on the place to look after things.

Dr. C. W. Enos, President of the Board of Directors, and Dr. C. E. Tennant, Secretary, elected at the annual meeting of the D. H. & H. Association, held April 28th last, are a combination that is hard to beat. President Enos expedites the business of the board as it never has been before. The secretary is alert having all matters in hand, and the affairs of the institution are more business-like than ever before. This, together with the change in the hospital superintendent to Dr. Kehr, have in one short month demonstrated the wisdom of the changes made. Dr. E. H. King, the new Treasurer, reports the income for May over \$1,300 at the hospital. This is the largest amount received in any one month in the history of the institution. Many cases applied for entrance to the hospital that had to be refused for want of room.

The various roads entering Denver that advertise in THE CRITIQUE, are elegant in their equipment. The U. P. is the oldest road; the passenger department of which, as presided over by Col. George Ady, who is the right man in the right place, knows more people than any other G. P. A., and has a kind word for all. He never forgets to impress upon you that the U. P. is the whole show.

Whereas, the U. P. is the oldest road in Colorado, the Denver and Rio Grande has several characteristics that mark it first. Major S. K. Hooper, G. P. A., since the death of Mr. Atmore of the Louisville and Nashville, enjoys the distinction of being the oldest general passenger agent in the United States in point of service. This, together with the fact of the Rio Grande being a Colorado road, and known as the "Scenic Line of the World," renders a trip over its various branches a most delightful experience. In speaking of the beauties of the road, Major Hooper has proven himself an adept at word painting.

The B. & M. (Burlington and Missouri). Have you ever done business with this road? Of course you have! Everybody has! If you would know the mainspring of the business tact and ability of the Burlington management you have but to call on the G. P. A., George Vallery, who is an ideal railroad man—business from start to finish, courteous, genial and satisfactory to do business with. The freight department never will know how much of its business is due to the gentlemanly treatment of its many patrons by George Vallery. For many years this road has claimed the distinction of having the best dining service in the U. S.

Since the reorganization of the Colorado Southern, new and young blood has been placed at the head. With the courteous B. L. Winchell as General Manager, and the genial Tom Fisher as General Passenger Agent, it is a combination that is hard to equal. The phenomenal success of the Colorado Road is the best evidence of the tact and ability of these gentlemen. Long live the Colorado Road.

Mr. S. A. Hutchinson, assistant passenger agent of the U. P., is soon to be married. THE CRITIQUE extends congratulations to to this young and most popular passenger agent.

Dr. F. E. McCurtain has purchased a corner in South Denver, where he will build several houses for rental purposes in the near future.

## FINALE.

### The Closing Incident in the College-Hospital Troubles.

A year ago Dr. Wheeler, in the presence of other physicians, openly declared to Dr. J. Wylie Anderson, one of the Building Committee, who was opposed to Wheeler methods, "that the battle was on to the finish." The following resolution, which was unanimously adopted by the Board of Directors, indicates how true were his predictions:

DENVER, COLO., June 7, 1900.

*To the Board of Directors of The Denver Homeopathic College and Hospital Association:*

Your committee, appointed June 2nd to formulate charges against B. A. Wheeler, M. D., report that when its report was ready to hand to the Executive Committee on June the 5th, as per instructions, it learned that a letter, dated June 1st and postmarked June 5th, signed by B. A. Wheeler, tendering his resignation from the Association, had been received by acting President, W. A. Burr, M. D.

In lieu of formulated charges, we therefore beg to offer the following resolution:

WHEREAS, Byron A. Wheeler, M. D., while President of this Association, did advertise a secret remedy for drug habits; and

WHEREAS, Said Byron A. Wheeler did publish his annual address as President of the Association at the last annual meeting of the Association, although the same had been laid on the table, well knowing that the contents and publication of the address

were contrary to the views and wishes of the Association and Board of Directors; and

WHEREAS, Said Byron A. Wheeler did make charges in said address against other members of the Association which were untrue; and

WHEREAS, Said Byron A. Wheeler did on numerous occasions knowingly ignore the wishes of the majority of the Board of Directors in order that he might control; and

WHEREAS, Said Byron A. Wheeler did, by his dictatorial, unfair and questionable methods, bring our beloved association to the brink of dissolution; therefore be it

*Resolved*, That we accept his resignation from the Association and that we place this report, together with the resolution and Dr. Wheeler's letter, in the records of the Association.

Signed by the Committee,

D. A. STRICKLER.  
S. S. KEHR.  
J. W. HARRIS.

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## Things to Remember.

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THE CRITIQUE has the largest circulation of any medical journal published west of the Missouri River. Hence it is the best medium through which to advertise.

Stamford Hall is a Sanitarium for the care and treatment of Mental and Nervous Diseases and for Alcoholic and Narcotic Habitués.

The Cottage Plan is adopted, and special attention given to the best care of patients.

While the principal aim of Stamford Hall is the treatment of Nervous Diseases and mild forms of insanity, we also admit patients addicted to the excessive use of Stimulants and Narcotics. A separate department is provided for patients of this class.

Terms will be made according to the nature of the case, rooms occupied and amount of attention required.

For additional references, terms and other information, address Amos J. Givens, M. D., Stamford, Conn.

Husband: "My darling, when I am gone, how will you ever pay the doctor's bill?"

Wife: "Don't worry about that, dear. If the worst comes to the worst, I will marry the doctor."—*People's Health Journal*.

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The preparations of "Pepsin," made by Robinson-Pettett Co.,

are endorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well-known manufacturing house. (See page XII.)

Besides its central action, Chloretone and its solutions possess local anesthetic properties in a marked degree, resembling in many respects cocaine and its derivatives; differing from these bodies, however, in being perfectly harmless.

Chloretone is essentially a hypnotic and local anesthetic, but it has also been used with great success as an analgesic, anodyne and sedative. In the hands of eminent physicians it has not only given complete satisfaction in persistent cases of insomnia where other hypnotics had failed, but also in gastric carcinoma and gastritis as an anodyne; in sea-sickness, in the vomiting of pregnancy, in nausea, etc. In fact, it is clearly indicated in all cases where a nerve sedative is required, since it is non-irritating, non-toxic, stable and harmless, and no doubt it will prove a succedaneum for the hypnotics, chloral, sulphonal, trional, hypnone, etc.; for the analgesics, antipyrine, acetanilid, antikamnia, etc.; and in many cases for the local anesthetics, cocaine, the eucaines, etc. In several instances Chloretone has been used with excellent results in place of morphine, where the pain was not intense and where morphine failed to be efficacious.

Applied externally, either in aqueous solution or as a solid to lacerated wounds, cuts or abrasions, it acts not only as an anesthetic, but, being at the same time an antiseptic, tends to promote an aseptic condition. Parke, Davis & Co., Mfrs.

"I don't feel right about going in there," said Chillson Feevor, in front of a physician's house.

"Pshaw! He's one of the best doctors in the city," replied Coffin Coles.

"I know, but look at his sign—'9 to 1.'"

"Well?"

"Well, I don't take any such chances as that."

A boy in a Wichita (Kan.) school has been suspended for reading the following essay on "Pants."

"Pants are made for men, and not men for pants. Women are made for men, and not pants. When a man pants for a woman, or a woman pants for a man, they are a pair of pants. Such pants don't last. Pants are like molasses—thinner in hot weather and thicker in cold. The man in the moon changes his pants during an eclipse. Men are often mistaken in pants. Such mistakes makes breeches of promise. There has been much discussion as to whether pants is singular or plural. Seems to me when men wear pants they are plural, and when they don't wear any it is

singular. Men get on a tear in their pants and it is all right, but when the pants get on a tear it is all wrong.

---

Have you tried the new scientific physiological solvent *Enzymol*? All septic matter is removed by irrigation. Enzymol works down to the normal tissues, where its action ceases. The action of Enzymol upon pus or septic material, is by simple hydration—by virtue of its proteolytic power.

Literature and samples sent gratis upon request. Fairchild Bros. & Foster, New York.

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A RICH BLOOD MAKER, FERALBOID.—Sold only to the medical profession.

For literature or information write to The Argol Co., Danbury, Conn. Adv. on page XVI.

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Doctor May, Bloomington, Ill., will tell you how to cure Goitre. Further information obtained on page XV.

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We would like to acquaint every reader of THE CRITIQUE with the virtues of our several advertisers in each issue, but time and space forbid. It gives us pleasure to call attention to the character and quality of the preparations presented through THE CRITIQUE.

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We have enjoyed the distinction of being the *only* medical journal that has been recognized by the R. R. Companies in Colorado. Why? Because we have the largest circulation and the most attractive medium through which to reach the public.

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THE USES AND EFFECTS OF GUDE'S PEPTO-MANGAN.—I have employed the Pepto-Mangan—Gude with much success, both in chlorosis and in cases of anemia in girls and women, due to loss of blood, menorrhagia, metrorrhagia, inflammation of the pelvic organs, peri- and parametritis, or prolonged leucorrhœa. In almost every instance I observed within a short time increase of appetite, improved nutrition, healthier color of the face, and increase of weight. I was surprised to learn how much more readily the Pepto-Mangan—Gude was taken than similar preparations, without ill effects even after protracted use.

To illustrate my remarks I will cite a few cases:

I will first report a case of chlorosis treated with this remedy, which was under constant observation. The patient, a school-girl aged 16, began to menstruate one year ago, but after appearing regularly for three periods the flow suddenly ceased, probably in consequence of mental over-exertion, and symptoms of chlorosis soon developed. The various preparations of iron were



# HYDROZONE

(30 vol. preserved H<sub>2</sub>O, solution.)

IS THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.  
HARMLESS STIMULANT TO HEALTHY GRANULATIONS.

# GLYCOZONE

(C. P. Glycerine combined with Ozone.)

IS THE MOST POWERFUL HEALING AGENT KNOWN.

Successfully used in

**DYSPEPSIA, GASTRITIS, GASTRIC ULCER,  
HEART-BURN, CONSTIPATION,  
DIARRHŒA, TYPHOID FEVER, TYPHUS,  
YELLOW FEVER,  
CHOLERA INFANTUM, ASIATIC CHOLERA,  
DYSENTERY, Etc.**

Send for free 300-page book "Rational Treatment of Diseases caused by Germs,"  
containing reprints of 140 scientific articles by leading contributors  
to medical literature.

Physicians remitting 50 cents will receive one complimentary sample of each,  
"Hydrozone" and "Glycozone."

Hydrozone is put up only in extra small, small, medium and large  
size bottles bearing a red label, white letters, gold and blue border, with  
my signature.

Glycozone is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a  
yellow label, white and black letters, red and blue border, with my  
signature.

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cures all inflammatory and contagious  
diseases of the eyes.

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*Charles Marchand*  
Chemist and Graduate of the "Ecole Centrale des  
Arts et Manufactures de Paris" (France)

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SOLD BY LEADING DRUGGISTS. AVOID IMITATIONS. MENTION THIS PUBLICATION

**PAPINE** IS THE PAIN-  
RELIEVING PRINCIPLE OF OPIUM.  
ONE CAN DISPENSE WITH OPIUM  
THE NARCOTIC; ONE CANNOT  
DISPENSE WITH OPIUM THE  
PAIN-RELIEVER. PAPINE PRO-  
DUCE NO TISSUE CHANGES, NO  
CEREBRAL EXCITEMENT, NO IN-  
TERFERENCE WITH DICESTION.

Sample (12 oz.) Bottle Echthol Sent Free on Receipt of 25 Cts. to Prepay Express.

FORMULA:--One fluid drachm is equal in  
anodyne power to 1-8 gr. Morphine.

BROMIDIA  
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FOR OVER 500 YEARS the Medical Pro-  
fession have been endorsing Carlsbad, Bohemia  
Water, as Nature's most wonderful Remedy for  
Kidney Diseases and Stomach Troubles. Dr.  
Karl Langenbeck, Prof. of Chemistry, Miami Col-  
lege, Cincinnati, and one of America's most noted  
chemists, speaking of Colo. Carlsbad says, "It is  
therefore exactly of the Carlsbad, Bohemia, and  
Egar Bohemia, Salz and Franz communer type  
although one-third the strength." It surely is not  
remarkable that this most rare and wonderful  
water should be found in the world famous min-  
eral state of Colorado. Write for 40 page book-  
let of medical endorsements. No trouble to an-  
swer correspondents.

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Colorado  
Carlsbad  
Water  
Co.

**COLORADO CARLSBAD.**

tried, but were either not well borne or excited so much disgust that they were discontinued by the capricious patient. A milk cure was prescribed, but followed for only a short time. When, however, I resorted to the Pepto-Mangan—Gude I was surprised to find that the girl took it willingly and that it was well borne. She made a rapid recovery, and after the use of two bottles had regained her former healthy color, while her strength and menstruation returned.

CASE II.—A married lady, aged 24, had acquired—apparently of abortion at a very early period—an intense peri- and parametritis with an exudation of the size of a child's head. The latter disappeared almost completely under suitable treatment and rest, so that only a slight induration was present in the parametrium after three weeks. Owing to the considerable anæmia and loss of appetite, however, the patient recovered very slowly, and for this reason I ordered the Pepto-Mangan—Gude. A few days after its use the appetite reappeared, recovery ensued rapidly, and five weeks later her health was completely restored.

CASE III.—A married lady, aged 30, had suffered from leucorrhœa due to catarrhal inflammation of the vagina for two years, and although the local trouble had been much relieved, she continued pale and weak. As her chlorotic daughter at the time was taking the Pepto-Mangan—Gude with marked benefit, I advised her also to try this preparation. She followed my advice, and after fourteen days the weak, sluggish and pale woman, seemed as if transformed. She has since regained her health.

These few cases, which were under continued observation, will confirm what has been said above regarding the manner of application and effect of the Pepto-Mangan—Gude. I regard it as superfluous to cite other cases, since a few closely observed cases teach more than a host of superficial observations.

On the ground of my experience I consider myself warranted in directing the attention of physicians to this remedy, and feel convinced that further trials will give equally favorable results. Even in cases where local treatment is necessary, the Pepto-Mangan—Gude will prove a valuable auxiliary in our treatment.—*Allgemeine Wiener medizinische Zeitung*, xxxvi.

Anxious Husband—"I am afraid, doctor, that my wife is a very sick woman. She hasn't spoken a word all day."

Doctor—"Then you don't need me. You want an undertaker."

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To be prepared for business send at once to Geo. L. Warren & Co. for a complete set of De Puy's Adjustable Fiber Splints. They will last you a life-time, and are always ready for use. (See ad., page vi.)

Your attention is called to W. H. Lauth's new ad., to be found on page I.

Have you tried mercuriol in the treatment of gonorrhea? No? Then read all about it on cover page, P. D. & Co.

Are you insured against a rainy day? Do not delay, but call or write to Ralph Brann, General Agent, 302 Boston Building. Accident or Health Policies written in the Aetna. Richest company in existence.

The American people are becoming noted for the overstimulating of their kidneys through the use of stimulants. It is a physiological truth that the moderate drinker eventually finds that the stimulation is followed by irritation and inflammation in all its phases, and, "ere he is aware," he has Bright's disease. Annually, thousands of those addicted to the use of alcohol, whose kidneys are becoming affected, travel abroad to Carlsbad for the benefit to be obtained from the use of that well-known water, which has the power, through the mineral constituents contained therein, to eliminate from the system the poison resulting from excessive drinking, and aids nature in the restoration of the overtaxed kidneys. But why travel abroad for such relief? Colorado has a Carlsbad of its own, where the water known as the Colorado Carlsbad is secured, the analysis of which is almost identical with that of the Bohemia water, the action of which, upon the kidneys, is wonderful, no matter from what disease affected.

The Colorado Carlsbad Water seems to act as an antedote to the effects of alcohol. Hence, if you drink, drink Colorado Carlsbad water.

"I wish you would do something for my husband," said the anxious wife; "he seems to be worrying about money."

Don't be alarmed, madame," returned the doctor, reassuringly "I'll relieve him of that."—*Philadelphia Record*.

The Howe Hospital,  
902 Greenwood Ave.,  
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First-class Modern Hospital—Medical and Surgical.  
New Building—well ventilated, sunny rooms—Sanitary plumbing,  
—Equipment up to date in every particular.  
Especial attention given to Obstetrical cases.  
No contagious diseases taken.  
Service by trained nurses only.  
Board, Room and Nursing, \$25.00 Per Week.

# THE CRITIQUE.

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VOL. VII.

DENVER, COLO., JULY 15, 1900.

NO. 7

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## \*Suppression as a Factor in the Treatment of Chronic Diseases.

By C. W. Enos, M. D., Denver, Colo.

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This is the greatest subject I ever tackled. It reminds me of the schoolboy's essay, in which he chose for his subject, "All the World and All there is in the World." I have racked my brain in the attempt to discover what the committee had in mind when they assigned this topic, and I must confess that I am at a loss to know whether or not I am right in my interpretation. If they had said, Suppression as a Detrimental Factor in the Treatment of Chronic Diseases, I could have understood that.

Suppression as a Factor in the Treatment of Chronic Disease haunts a man from the cradle to the grave, and I am not sure but it affects his being before birth and continues after death, for who is there that is free from a chronic malady of some sort? A chronic disease reminds me of the boy's rails, who, when asked what kind of wood they were, said, "Iron wood." "How long will they last?" asked the questioner, "Forever," said the boy, "and if you peal them they will last longer." A chronic disease of itself will last forever, and if you suppress it it will last longer. I see by the subject that I am not confined to the treatment of any special chronic disease, but to chronic diseases in general. Any physician who has given special attention to the treatment of chronic diseases for any length of time, and who has had extensive experience and opportunity of observation along that line, will be obliged to admit that suppression has been a potent factor in the treatment of chronic diseases, not for the good of the patient, but on the other hand detrimental. I wish your com-

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\*Read before the Denver Homeopathic Club, May 16, 1900.

mittee had included palliative treatment as well as suppressive in the subject. I shall, however, take the liberty to add that to the subject under discussion.

In order that we may have a clear understanding of our subject, I shall divide diseases into two general classes,—acute and chronic.

We understand an acute disease to be self-limiting, one that has an ending; the patient will either die or get well. The severity of the disease may be lessened, and the duration shortened by the properly indicated remedy.

On the other hand, a chronic disease is one that has no limit or ending of itself; it goes on and on like a cycle. The question then naturally arises in our minds, why are some diseases self-limiting and others not? This is due in many cases, especially in acute diseases, to their nature. A chronic disease exists and continues because of a constitutional predisposition or something that makes it possible for the disease to continue. The constitutional condition may be such as to allow tissue changes to take place, which is often recognized as disease and treated as such, when in fact it is nothing more nor less than the results of the disease. Who would think of calling the eruption of measles or smallpox a disease? Enough has been said to give the outline of a chronic disease. We shall now turn our attention to

THE TREATMENT OF CHRONIC DISEASES.—The medical treatment may be divided into three classes,—*abortive, palliative or suppressive, and curative*. In order to understand the effect of suppression in the treatment of chronic diseases, it will be necessary for us to notice the curative action of remedies in chronic diseases.

PALLIATIVE OR SUPPRESSIVE TREATMENT may be used in acute cases without doing much damage, yet such treatment is not as safe and effective as the curative remedy,

I trust that the members of the Club will pardon me for referring to my personal observation and experience, for, though I might cite numerous cases from physicians of wider experience and reputation, yet a description of what we have seen with our own eyes, and performed with our own hands, is the more inter-

esting and weighty argument. I can truthfully say that in my long experience, extending over a period of a quarter of a century, I can not now remember curing a single chronic case where I used only palliative or suppressive treatment, whether used internally or externally. In fact, *I am of the opinion that it is impossible to cure a chronic case where suppressive treatment is employed.* I grant you that a case may be temporarily improved. The form of the malady may be changed to some other part of the anatomy, or the outward manifestations covered up or suppressed, so that the patient and physician alike may flatter themselves for a time that the case is cured, but sooner or later, often sooner, the same old bed-fellow returns in the same or a worse form. I would not be misunderstood in this matter. I do not mean that we should not remove exciting causes in chronic cases, whether inside or outside of the body. This is not suppressive treatment, but far from it. What we mean by suppressive treatment is *treating the results of disease and not the cause or constitutional condition which makes it possible for the disease to exist or continue.* Take for example a case of chronic catarrh of the mucous membrane of the nasal passages. The catarrh is not the disease, but a result of a diseased condition, and exists and continues because of the constitutional conditions. To treat such a case with medicated sprays or douche, is suppressive treatment, and *I doubt if there ever was a case cured by such procedure alone.* The local condition may be temporarily improved to the detriment of the constitutional condition of the patient so treated. I would no more think of trying to treat a case of chronic catarrh by that kind of treatment than I would think of trying and expecting to cure a case of scarlet fever by driving in or drying up the eruption. When we use a medicated spray, or douche, in catarrhal conditions, we are compelled to do one of the two things, either use a remedy that acts as an astringent or as an expectorant. If an astringent is used the secretions are dried up; the patient may appear to be improved, yet the constitutional conditions have not been changed. In fact the disease has been suppressed and the condition of the patient is worse than at the beginning, and as soon as the treatment is discontinued the trouble

will return with as great or greater force than before ; if not, some other portion of the organism will be badly affected,—the stomach, kidneys, or nervous centers. If the remedy *acts as an expectorant*, the disease conditions will be invited to those parts without removing the constitutional conditions. In either case the local treatment will interfere with the curative remedy, if any is given at the time. The same is true of catarrh of any mucous surfaces of the body.

I might go on and multiply the illustrations of suppression in chronic diseases in various parts or locations of the body, but I think I have said enough along that line. In confirmation of what I have said, I will cite a few cases that have come under my observation, where suppressive treatment had been used for a number of years without effecting a cure, but, on the other hand, the patients grew worse instead of better.

CASE No. 1. Mr. F., aged sixty, came to the Haymarket Mission Clinic during the first year of our college. He was suffering with chronic catarrh in the worst form. The left antrum was also affected and accompanied by severe pains that follow such an affliction. He had been under the treatment of a number of physicians who used sprays and douche without any apparent improvement. He had also taken a number of remedies to allay the severe pain that accompanied the disease of the antrum. In spite of all of them he grew gradually worse. After taking a careful history of the case, we decided that Silicea was his remedy. We gave him one dose of *Im* with Placebo, requesting him to return in a week. He reported at the end of the week that the pain had all disappeared, and that he felt very much better in every way. He was entirely cured in six weeks, and has had no catarrhal trouble since, in fact has been perfectly well, with the exception of about two years ago, being exposed in a severe rain storm, afterwards suffered an attack of inflammatory rheumatism, which yielded readily to the indicated remedy, and has since been perfectly well. The Silicea not only cured the catarrh, but removed the stiffness from the hips and knees, with which he had been afflicted for twenty years.

CASE No. 2. Mrs. D., age 51, consulted me April 26, 1899,

for Eczema. The history of the case was, she had been a well woman until the age of twenty, when the eczema appeared in the face and on the body. She was treated with outward applications, salves and ointments, and pronounced by her physician, cured, and had never seen a well day until after taking the indicated homeopathic remedy. Every year or so the eczema reappeared, and they would apply their external remedies and apparently cure it, but during all this time she was melancholy and depressed so much that she was almost driven to suicide. About a year previous to coming to me, the eczema appeared again on the face and head. After examining the case carefully, taking a history of all of the treatment she had received, I was forced to the conclusion that the treatment had all been suppressive, and the thing to do would be to give her a remedy that would drive out the eczema. I told her that if she took the treatment she would probably get much worse as far as the eruption was concerned, and not to become frightened, for that would be one of the surest indications that she could be cured. I gave her *Ars. 8m*, one dose, on the second day of May, 1899. She reported on May 9th that her face was broken out fearfully. On May 16th she reported again that she felt splendid; she was broken out still worse than on the previous visit; said she felt better than for years; the despondency and gloom had been lifted from her mind. On the 23rd, still broken out badly, considerable oozing around the eruption, gave another dose of *Ars. 8m*. June 7th, she was still broken out badly, the eruption extending down on the breasts and over the mammae. On the twelfth of June, reported great oozing from the eruption. On the twenty-third of June she reported again, "Feel splendid mentally, but broken out very badly." Her husband and family tried hard to induce her to discontinue the treatment, telling her that she was getting worse all the time; but her disease was developing precisely as I had told her in the beginning, and she said she was not going to give it up. She continued treatment, but did not show any improvement as far as the eruption was concerned, until July 17th, when the eruption gradually began to improve. July 25th she was feeling very much better in every way, the eruption gradually disappearing.

September 5th, almost well. Nov. 22nd, skin of face and body perfectly clear, not a sign of eruption of any kind; says she feels better now than she has ever felt in her life. She can get up at five o'clock and do her house work and feel happy all day long. Her case was cured from the first of May to about the last of November, since which time she has remained well. She had three remedies during the course of treatment.—*Ars. 8m* two doses; *Ars. cm*, one dose; *Sul. 1m*, and *Graph. 30m*.

CASE NO. 3. Mrs. B., aged 40, consulted me December 28th, 1898. Said she had an itching or eruption on the body since she was twenty-three years of age; she had it cured two or three times with outward applications, but always felt worse after she was cured. Her mental condition was depressed and she was nervous and irritable; that when the eruption was on the surface she was not so irritable or restless, but was bothered with a terrible itching which at times would almost drive her wild. She wanted me to give her something to allay the itching. I told her I would not do that, but if she desired, I would take a careful record of her case and see if we could cure the conditions that caused the eruption and itching. The record showed that she had been constipated all her life, and her mother before her, also; the bowels never moving without a purgative; enemias had no effect. She said she never remembered a time when she did not have canker sores in her mouth. She was a chilly patient, worse at night, thirsty, water disagreed. I gave her *Ars. 8m*, one dose. She reported on the fifth of January, 1899, that her bowels had moved every day since I gave her the first dose of medicine, and that the ulcers and itching were the same. Reported again on the tenth that the bowels had moved every day, itching and eruption as before. On the fourteenth, bowels had moved twice a day since the last report; itching would disappear for a day and a night and then return. She reported on the nineteenth of January that the ulcers in the mouth, for the first time since she could remember, were well, and that the itching had disappeared. She reported about once a week after that for a few weeks, and then was discharged as cured, with no constipation, no itching of the skin, no ulcers in the mouth, in fact, apparently, *perfectly well*.

She has had no return of the itching or the constipation, with the exception of about a week in October, 1899. I gave her a dose of medicine, since which time she has remained well.

CASE NO. 4. In May, 1898, Mrs. G., of Alamosa, consulted me in regard to an eye trouble, which had been sore for a period of nine years. She had had palliative or suppressive treatment more or less during that time without any permanent benefit to her eyes. I made a careful examination of her case and decided that the eye trouble was due to a constitutional condition. I stopped all external applications to the eyes and gave her internal treatment. The eyes began to improve at once, and on the twenty-eighth of August, 1898, she wrote me a letter, in which she said: "As my month's treatment is up, and my eyes are perfectly well, I do not care to take any more treatment. My eyes are well, and I want you to keep my name with the writings you have in my case, and should I ever be troubled again, I want you to treat me." This lady had Puls. 200 and higher.

CASE NO. 5. Mrs. P., aged 51, was induced to consult me in regard to Asthma and bronchial affection. She was loath to call upon me, as she said she would never go near another doctor as long as she lived, but her friend persuaded her to call. I took a careful record of her case, all the complaints she had ever had, and the treatment. I found she had had asthma for thirty-one years, had used all kinds of treatment except Homeopathic,—inhalations, expectorants, and many other kinds, and sometimes was relieved for quite a time, then the disease would return with greater force than ever, until the last few years she was unable to get any relief from anything except when the severe paroxysms would come on she would burn some asthmatic weed or cure. The record shows that she had four coughing spells during the twenty-four hours, lasting from two to two and one-half hours each time. After taking the record I told her to call in a day or two and I would tell her what I could do. She returned in two or three days, and I told her that if she would follow my directions, I could help her. She wanted to know if I could effect a cure. I told her I would not promise anything of that kind. She went away and returned in three or four days

with her son-in-law, who after consulting me, advised her to begin treatment, which she did about the first of June. She was very much emaciated, very anaemic and very chilly, easily excited, and every indication pointed to Arsenic, which I gave, 1m, one dose. She came back in about a week, and said there was a slight improvement in her case in the cough, which was not quite so severe, but the expectoration at this time was very ropy and stringy, and the indications pointed to Kali bi., which I gave in the cm. potency, one dose. She reported in a few days and said she was very much better, the coughing spells not so frequent nor so prolonged. She remained in Denver one month, and the day she left she came after more medicine, and said she had not coughed in twenty-four hours. She went to Omaha and remained a month, and still reported once a week, general and constant improvement. From Omaha she went to St. Paul, where she wrote me on the eighteenth of November, 1898, that she was entirely free from any sign of cough or asthma, and it looked like useless for her to continue treatment, so she stopped at that time. The lady now lives at Omaha, and has only had one slight attack of asthma or bronchitis which lasted only about a week.

CASE NO. 6. Miss G., aged 24, a plump, healthy-looking, young lady, consulted me for relief from painful menstruation ever since she became a woman, from which she suffered dreadfully during each monthly sickness. She had been under the care of two physicians, who gave her treatment for a number of months, but were unable to give her any permanent relief. They could relieve her at the time, but at the next period the pains would return as severe or worse than ever. They finally told her the only remedy was to have her ovaries removed. She had about consented to have it done, when a patient of mine sent her to me. The picture of her case called for Sepia, which I gave, 1 m. She had two or three doses of the remedy in three months, at the end of which time she was perfectly well and has remained so ever since, having her periods regularly without pain or distress.

CASE NO. 7. Miss H., aged 24, came under my care in April, 1899. She, also, had painful menstruation, and had been under

the care of a physician most of the time, as her father is a Homoeopathic physician. He had also consulted a number of other physicians in regard to her case, but the treatment she received only gave temporary relief. I began treating her in April, telling her plainly that I would not give anything to relieve her, but would put her on a constitutional remedy which, in time, would correct the difficulty. She had no relief from the pain during her periods for the first four or five months, yet she improved in every other way. She writes me from Northampton, Mass., under date of May 10th, and says:

"MY DEAR DOCTOR:

The powders are gone again, and I want you to know how well I have been. I was sick just before I got the last medicine, and had very little pain. After taking the last medicine for four weeks the next time was sick I had no pain at all, although I was two days late. I still continue to be well all other ways too."

This lady has had Puls, and Sepia from the 200th to the cm.

CASE No. 8. Mr. K., of Boulder, 83 years of age, consulted me April 6th, 1900, for failing eye-sight. Upon examination, I found that he had incipient cataract—Vision 20-200. He had been constipated since the year 1844; never had an action without physic, in fact, took physic every night. If he did not, his bowels would not move and he would be distressed. He was also quite hard of hearing in the left ear. I gave him Caust., one dose, 1772. His son writes me from Boulder, on the 12th of April, saying that "Father's bowels have moved every day since he was in your office, and he can hear better in the deaf ear, and has gained two pounds in one week." He wrote to me again on the 25th of April, "Bowels regular and doing finely. Have no trouble except obliged to get up once at night to urinate. Have two powders left." His son called at the office on May 8th, and said that his father's general health was greatly improved, and his bowels regular. He wrote me again on the seventeenth of May, stating that his bowels were regular, and that he was feel-

ing better and gaining in strength. One dose of Causticum is all the medicine that the patient has had.

I could give you many hundred cases similar to those already cited, but think the argument is already sufficiently illustrated to show you that suppressive treatment which had been used in these cases was an undesirable factor, if not injurious.

#### RECAPITULATION:

1. A chronic disease is continuous and progressive, and never ending in itself.
2. Very few individuals are entirely free from a chronic affection of some kind. A disease is not chronic because long, but long because it is chronic.
3. A chronic disease exists because of some constitutional condition either inherited or acquired.
4. It is impossible to cure a chronic case if suppressive or palliative treatment is used.
5. Palliative or suppressive treatment is a factor of great harm, and detrimental in the treatment of chronic diseases.
6. Chronic cases are cured by administering the curative Homeopathic remedy.

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### Peumococci in the Throats of Healthy Persons.

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At a meeting of the Société des Hopitaux of Paris, Bezancon and Griffon reported the result in their studies relative to the presence of pneumococci in the throats of healthy persons, having employed the serum of a young rabbit as a culture medium. They examined, bacteriologically, the secretion from the tonsils of forty persons of all ages, living under the most diverse conditions, and found pneumococci in every individual. They believe that imperfect methods of investigation must have been pursued in previous observations in which pneumococci were found in a much lower proportion of healthy throats.—*Health.*

# GENERAL MEDICINE.

Conducted by W. A. Burr, M. D.

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## Dyspeptic Diarrhea.

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June 20, a mother, aged 30, healthy in appearance, lost her first and second babes with bowel complaint. Three months ago she gave birth to twins, healthy looking baby boys, A. and C. They had been hand-fed in part, the mother's milk being only about half sufficient for them. The food used had been diluted cow's milk.

As the mother expressed it, "they never seemed right in their bowels." They had been subject to frequent attacks of diarrhea with colic their whole lives. For two weeks they have been failing with an obstinate diarrhea, and have steadily grown worse under treatment of the old school physician who was in attendance when they were born.

Stools every hour or two, attended with colic and painful griping. Watery, pea-green in color, sour, and attended with flatulence. Pr. Podo. 3x and Cham. 3x.

June 21. Weather remains hot, in the nineties. Babies worse, stools still more frequent and of same kind; very sour. C. had two or three spells of vomiting; hands and feet cool.

Pr. Rheum. 2x., diet to consist of Horlick's malted milk and barley water.

June 22. Was called in haste. A. had fever, and both frequent stools of same nature. Mother much alarmed and fearful, saying her other babies were same and both died. Weather continues hot. Pr. Rheum. 2x., and cham. 3x when there is painful colic.

Also ordered a nurse, who was to use enemas of hot water with a little salt. Diet to be mutton broth only, mother's breasts to be drawn by hand.

June 23. Mother calls and reports both babies much im-

proved; stools not half so frequent; resting better and sleeping more.

Pr., same remedies with permission to use sparingly of malted milk, morning diet to be broth. Sponge baths every few hours.

June 24. Evening. The nurse calls and reports, so much better they are permitted to nurse some and speedily became worse. Stools frequent, even every half hour, green, slimy, sour and containing curds. Pr. Rheum. 2x. and calc. carb. 3x. Rice water allowed. Nursing interdicted.

June 25. Mother reports both much improved. Rice water seemed to agree.

Pr., same remedies. Advise they be not allowed to nurse.

June 26. The mother reports that both continue better, and asks permission to give them the breast again. I advise to nurse one and feed the other on Eskay's food, egg albumen and barley water. Pr. ch. 1x. and calc. carb. 3x.

June 28. A was fed as advised and has had only one stool in twenty-four hours, and is very much improved in every way. Same remedies continued for him.

C. has been nursing the mother; has been having frequent stools of a green, curdy and watery nature, with griping and colicky pain, causing him to cry and fret much. He is also pale and thin; much gas with the stools. Pr. Ch. 1x. and carbo. veg. 3x. diet to be same as A's, first flushing bowels with saline enema, as before.

June 30. Both reported as much improved and doing well. C. was better as soon as he ceased to nurse. Mother's milk is now nearly dried up, each babe nursing a very little occasionally.

These babes had diarrhea just about in proportion to the amount of milk they took, whether from bottle or mother's breast; it was necessary to interdict nursing mother entirely, when they were at their worst.

Another lesson from these cases: The mother losing her first and second babies with similar complaint, she became exceedingly fearful she would lose these also. In such cases a nurse must be provided, as was done in this instance. Moreover

the milk would be impaired by such a state of anxiety so as to become unwholesome.

Furthermore, twins are more delicate than other babies, and hence, more liable to bowel complaints, as a rule, also, diarrheas are more difficult to arrest in such cases.

A practical cure of these cases, and in the midst of the June heat, may be considered a triumph due to Homeopathy and the use of a proper diet.

W. A. B.

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### Extract of Thyroid in Puerperal Fever.

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Dr. E. H. Wiswall reports a cure with extract of thyroid in a case helplessly insane with puerperal mania. She had received old school and homeopathic treatment without avail, and she steadily became worse until the prognosis seemed most unfavorable.

She was then given two grains of the thyroid extract three times a day. Temperature 100, pulse 120. For a week she was but little better. The ninth day improvement was marked, and the extract was discontinued. On the tenth day she began to be rational and the temperature became normal. She became very weak, crying easily, but continued to improve, and at the end of twenty-five days was discharged, cured.—*New England Medical Gazette*.

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### Anent Serum Therapeutics.

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Dr. Joseph Hasbrouck read a paper on "Serum Therapeutics" before the Westchester Homeopathic Medical Society, January 31, 1900, published in the June number of the "Homeopathic Recorder." The following are extracts:

"The 10th Regiment of United States troops have been immunized nine times in a few months, and have had repeated outbreaks of smallpox during that time. The children of a home near Dayton were all vaccinated, and within three months had

thirty cases of smallpox. I could give instances enough to take the whole time of this meeting, of where vaccination did *not* immunize. In fact, in most epidemics, vaccinated persons take the disease first. I attended three cases in one family, about twenty years ago, and every one of them had been immunized within three months."

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Dr. H. Gibbes, who occupied the chair of bacteriology at Ann Arbor for ten years, denies bacteria as a causative factor in disease. He has inoculated himself again and again without the slightest effect. He denies that these micro-organisms are always present in disease. He has conducted hundreds of autopsies on consumptives without finding a trace of the bacilli tuberculosis. His personal investigations have convinced him that the whole germ theory of disease is a fad.

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On March 5th I was called to see four boys, all ill with sore throats. I believed them to be diphtheria and advised the principal to send for an old school physician to take charge of two of them, as their parents desired that treatment. I treated the two others homeopathically, without serum or any local application except diluted peroxide of hydrogen, and sent my patients to their homes on the 15th of March, they having been out for exercise for a few days previous.

The microbe test still showed the bacilli in full force, and I was not willing for them to associate with the other pupils. One of them went home to a large family of children and mingled with them, but did not convey the disease. The two other boys got a big dose of antitoxine at once, had two nurses for about three weeks, and were doused with germicides and antiseptics, inside and outside, but did live to crawl out in about four weeks after passing through the usual scares of heart failure, etc. I had cultures taken the second day, but strange to say that the examination in the two cases longest ill showed *absence of Klebs-Loeffler bacilli*.

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I might continue for an hour discussing these pathogenic microbes, bacillus typhosis, hydrophobic, the coma bacillus

of chlorea, of which Pettenhoffer and his friends drank by the tumblerful without effect. The staphylococcus pyogenes aureus, which is claimed to be the cause of suppuration, and which Dr. Stoker found in two hundred and fifty cases of ulcers that healed rapidly or slowly in proportion to the number of microbes present. No microbee, no healee! They all fail by the tests of experience and common sense.

Gentlemen, the most hopeless quack is the scientific quack. You can't cure him. Solomon said centuries ago; "Though you bray a fool in a mortar among wheat with a pestal, yet will not his foolishness depart from him."

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### A Case of Eczema.

By J. B. Brown, M. D., Denver, Colorado.

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Mrs. C—, æt. 39, consulted me in December for an eruption on face and body. She had treated off and on for ten years allopathically without permanent benefit, only getting relief for a short time. The eruption would occur on face, scalp and on lower extremities in alternation. Her physician always treated her externally for the eruption and gave tonics internally. When the patient came to me she was very much discouraged. At times, she said, she would feel so blue and depressed that she wished she might die. Appetite poor, bowels sluggish, and profound prostration; in fact, so weak could hardly do her own housework with only two in family. Menses profuse, occurring every two weeks. After summing up the symptoms I prescribed Sulphur 6x and told her to report in a week. She reported in ten days feeling somewhat better. Eruption not as bad, appetite better and slept better. Prescribed same remedy and told her to report in a week.

She came the next week with slight improvement but some new symptoms. After studying the case carefully I decided to prescribe Calc. Carb. 30x, and told her to report in a week.

The third day after this prescription I was called to see her

at her home. I found the patient in bed. The eruption had left the face. She told me she was taken the night before with intense and agonizing pains in her abdomen and stomach with vomiting. At the time I called the vomiting had ceased, but still she had pains in the abdomen, but not so severe. The patient was lying upon her back, thighs flexed, respiration somewhat impeded, pinched and worn-out expression, temp. 102-4.5 and pulse 100. I diagnosed the case as one of diffuse peritonitis, and gave Belladonna 3x every hour.

The next day found patient about same, with tympanites in addition. I ordered nurse to apply turpentine stupes and move bowels by enema, and gave Bell. and Bryo. in alternation. The fourth day I found the patient worse. She had been vomiting profusely, with pains very severe and great tympany around the umbilicus, etc. Prescribed Colocynth 30x, which relieved the pains and tympany almost immediately, but vomiting lasted the rest of the day, but not so severe.

Upon my next visit I found the patient somewhat easier, vomiting ceased, and very little pain when perfectly quiet. The nurse informed me the bowels had moved, the contents being almost wholly of a bloody, purulent character. The discharge also came from the bladder and vagina, was same in nature and of very offensive odor.

This discharge continued for nearly a week, gradually diminishing. For this condition I prescribed Mrc. Cor. and Sulphur as they appeared to be indicated.

From this time on the patient made a rapid recovery. At the end of the second week the bowels refused to act and a few pains remained through the abdomen. For these I gave Apis 3x with good effect. It has now been four months since the patient recovered, and she recently told me she felt entirely well; in fact, better than she had felt for ten years. She has seen no eruption on the face or body since; menstruates every 28 days, something she never did before. Says she is strong and happy and now thinks life worth living; also that she is a firm believer in homeopathy. Query: Was not the peritonitis caused by the treatment I gave for the eczematous condition?

# SURGICAL DEPARTMENT.

Conducted by J. Wylie Anderson, M. D.

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## Meat and Cancer.

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"The question," says *The Hospital* (London) "how far the increase of cancer among the more highly civilized nations, which has appeared so marked during recent years, is caused by the greater quantity of meat which is eaten in prosperous countries, is a matter of very serious interest. That man by nature is not a vegetarian, in other words, that he is naturally a mixed feeder, may be taken as pretty certain; but it is also certain that as the result of hard necessity, meat has generally in times past been to him a luxury, and has but rarely formed a preponderating element in his diet. But with prosperity, and with the greater ease with which animal food can now be obtained, we find whole nations falling upon meat as a necessary ingredient of their daily diet; and in the very nations among whom this change is most noticeable we are told that cancer shows its greatest increase. In support of the connection between meat and cancer, Dr. Roger Williams points to the rarity of cancer in prisons and work-houses, where but little animal food is allowed and hard work is exacted. He has lately found additional evidence as to the small amount of cancer among the convict population, which he says strongly supports this view. Taking the reports of the Commissioners of Prisons for the years 1897 and 1898, he finds that out of 5,915 convicts only three died from malignant disease. Thus, while the cancer mortality of convicts was 1 in 1971, that of the general population was 1 in 698, or nearly three times as great. Before we accept these figures as exactly representing the true proportion, one would like to have more details in regard to age distribution, but the difference is so striking that it is hardly likely to be materially upset by any such nicety of cal-

culation. We need scarcely say, however, that criminals are a somewhat 'selected' class of people, and that diet is not the only matter in which the convict differs from those outside the prison walls."

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### A Case of Septic Infection of the Hand and Arm Treated with Antistreptococcic Serum. Recovery.

By William F. Shaw, M. D., Physician to St. Mary's Hospital,  
Detroit, Michigan.

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As a matter of interest to practitioners who may be called upon to treat cases of streptococcic infection, I wish to report an experience of my own.

Mr. B—— was admitted to St. Mary's Hospital on the 28th of May. When examined it was found that the man had a swollen and inflamed arm, a condition caused by septic infection. He had received an incised wound with a razor on the tip of his index finger about fifteen days before his admission, and during that time his temperature had between 101 and 104 degrees.

At three o'clock in the afternoon of the day he entered the hospital this man was given ten cubic centimeters of Antistreptococcic Serum from the laboratory of Parke, Davis & Co. At that time his temperature registered 103.8°, and the pulse rate was 120 a minute. Within two hours the temperature declined to 98.8° and an improvement in the general condition of the patient. On each of the two following days injections of ten centimeters of Antistreptococcic Serum were administered.

It is worthy of note that the temperature in this case rapidly fell to normal after the first injection of the serum, and did not rise again. The hand and arm were in excellent condition and recovery was prompt and uneventful.

### Schleich's Anaesthesia.

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This feature of modern surgery is naturally well known to the practitioner, but anything bearing upon this subject from the pen of its distinguished discoverer will doubtless always be read with interest. In the "Med.-Chirurg. Centralblatt" for April 13, 1900, is an article by Schleich entitled "Local Anasthesie und Narkose," of which the following is an abstract:

"Schleich first states that such an authority as Mikulicz has pronounced the infiltration anæsthesia absolutely free from danger. The injection of the 1-5th per cent. salt solution interrupts the conductivity of the sensory nerves, and there is no question here of the obtunding of sensibility by poisonous substances—eucain, nirvanin, etc. Naturally the two methods of local anæsthesia, while competitors, have particular indications. Schleich's method is specially applicable in cutaneous and subcutaneous tumors—wens, nævi, lipoma, and the like. Next in order come plastic operations, excision of scars, tenotomies, suture after injuries, freely movable lymphomata, etc. The technique of this work is so simple that any practitioner may make use of it to the complete satisfaction of the patient. Spray of ethyl-chloride is first used to render painless the primary puncture. The whole operation-field is then saturated with the salt solution until an artificial œdema is produced. Ten injections of five g. each may be used for this purpose. When we operate we must take care to cut or burn only in this œdematous zone. By this simple means we may do away with all the dangers of chloroform narcosis, and the reproach to the profession of chloroform-death after petty operations will no longer be heard. Many such deaths have followed the excision of hymens, ablation of wens, tooth-pullings, and the like.

"When we leave the realm of minor surgery we find that distinguished operators like Mikulicz, Czerny and Bier have even performed laparotomy, gastroenterostomy and herniotomy by the sole aid of the Schleich method; while Haberer has amputated at the thigh with no other form of narcosis. Bloch has

burned out extensive lupus of the skin in a most ideal fashion after infiltration-anæsthesia.

"When we operate on boils, carbuncles and buboes we must take care to avoid infection in making the numerous anæsthetizing punctures. With regard to anæsthesia of the fingers and toes, Schleich claims that the Oberst method of using cocain is practically an infiltration-anæsthesia rather than a cocainization. Schleich can get as good results from solutions of inert substances.

"The field of local infiltration-anæsthesia is enormous already and tends to increase year by year at the expense of general narcosis secured by chloroform or ether. Still there must always be a residue of operations in which general narcosis is indispensable, and the domain of the two methods should be sharply outlined. At present our chief working rule is simple; whenever local anæsthesia will not anæsthetize we must use the general method.

"Schleich here recommends his well-known mixture of ethyl-chloride, chloroform and ether, the proportions varying with the temperature of the mixture. In 5,000 consecutive cases he has not experienced an accident, much less a death, by this form of narcosis."

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### Cimicifuga: Amenorrhæa.

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Cimicifuga is the most generally useful of our remedies in all classes of amenorrhæa. When perfectly indicated, its action is often marvelous, and sometimes even when not indicated. It is the drug I usually select when the indicated remedy fails, though in such cases I generally employ the active principle, macrotin. When well indicated, I prefer cimicifuga. The drug is most useful in rheumatic, neuralgic, choreic, or hysterical subjects, with menses irregular, delayed or suppressed; ovarian irritation; uterine cramps; bearing down pains in the uterine region and small of the back; limbs heavy and torpid; suppression from cold or emotions.—*Dr. Cowperthwaite.*

# EYE, EAR, NOSE AND THROAT.

Conducted by David A. Strickler, M.D.

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The following extracts from the "Annals of Otology, Rhinology and Laryngology" are given verbatim.

My excuse for doing so is that my absence from the city and lack of time render some similar course necessary.—D. A. S.

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## The Therapeutic Effects of Vibratory Massage in Chronic Deafness.

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OSTMAN, PROF. (*Laryngoscope*, January, 1900.) Ostman gives the details of his observations in three cases and arrives at the conclusion that vibratory massage is contraindicated.

1. In all the acute inflammatory conditions of the sound conducting apparatus.

2. In all diseases of the sound perceiving apparatus with normal sound conduction. If, however, rigidity of the ossicles exists it would be well to try the massage.

3. It would seem from its mode of operation, that vibratory massage is of little benefit in middle ear diseases, attended with retraction of the ossicles, in simple chronic middle ear catarrh, or when there is extensive atrophy of the membrana tympani.

To form a fair estimate of possible benefits, two weeks of treatment is necessary in all cases.—*Seymour Oppenheimer*.

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## The Rinne and Gelle Tests.

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BRUHL. Freiburg i. B. (*Archives of Otology*, Vol. xxix. No. 1.) By routinely carrying out examinations, the Rinné test by Bezold's method using A<sup>1</sup>, C, c<sup>1</sup>, c<sup>2</sup>, and the Gellé test with D<sup>1</sup> tuning forks the author noted the following diagnostic facts:

1. If the Rinné test is positive, then Gellé is also unexceptionally positive, and the impaired hearing is due to nervous affections.

2. If the Rinné test is negative absolutely and totally, or up to  $c^1$ , the Gellé test is unexceptionally negative and the impaired hearing is due to a stapes anchylosis.

3. If the Rinné test is negative below or up to the C limit, and positive above it, then the Gellé test decides whether a stapes anchylosis exists or not.—*Campbell*.

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### The Topography of the Facial Nerve in its Relations to Mastoid Operations.

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JOYCE, R. D., Dublin. (*Journal of Laryngology, Rhinology and Otology*, January, 1900). Thirty temporal bones were subjected to systematic examination to ascertain the precise relations of the facial nerve to the surface of the adult skull; its depth as well as that of the external semicircular canal from the surface; and the relation of both these structures to the operations on the mastoid region. Each temporal bone was cut vertically from before backward, beginning in the angle between the petrous and squamous portions, so as to expose the aqueduct of Fallopian in its entire extent; the external semicircular canal was also cut across by the same section in every case. The facial canal was projected on the surface by drilling from the exposed canal outward, the holes being made accurately at right angles to the sagittal plan and parallel to one another. The distance of the facial canal was measured from three points on the surface of the bone, viz., (a) immediately behind the external auditory meatus on a horizontal line passing through its centre; (b) immediately behind the upper part of the meatus and immediately below the level of its upper margin; (c) a point high up over the middle of the meatus on the posterior root of the zygoma.

The results of the examinations were as follows:

1. The facial canal lies altogether in front of the mastoid process and a drill sent straight in from any point on the surface of the latter cannot injure the nerve.

2. Measured from point b, the facial canal was in 43.3 per cent. of cases more superficial than the external semicircular canal; in the same percentage of cases this was just reversed; and in the remaining 13.4 per cent. these two structures were the same distance from the surface. Thus the external semicircular canal cannot be taken as a guide to the facial nerve.

3. The average distance of the facial canal from point b is slightly less than that of the external semicircular canal from the same point.

4. In removing the outer wall of the attic, it should be remembered that the external semicircular canal is almost always (91 per cent.) nearer the surface at point c than the facial nerve; however, as it is 1.5 mm. higher than the latter, it is almost out of danger; besides, it has a thicker covering of compact bone in this situation than the nerve.—*Loeb*.

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Cleanliness and dryness are essential to success with chronic suppurative inflammation of the ear; also good drainage.

Dizziness may result from too great force in syringing or because the water is not warm. All liquids must be used warm in the ears. Astringent solutions are to be condemned.

Nosophen, the most drying of the iodine compounds, is an antiseptic.

It is a bad practice to fill the ear with powder, even one of boric acid.

Merc. dulc. is particularly beneficial in catarrhal involvement of the entire upper nasal tract and the ear drum; the *biniodide*, if it is limited to the Eustacian tube.

Silicea is for the thin, foul, and often scanty discharge of caries; especially in irritable, poorly nourished children. The progress of these cases may often be hastened by lapis alb. intercurrently.

# GYNECOLOGY AND OBSTETRICS.

Conducted by S. S. Smythe, M. D.

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## Sugar as an Oxytocic.

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In "La Semaine Médicale for December 20, 1899, there is a timely note on the history of the employment of sugar in uterine inertia. American physicians have been reading with surprise that lactose is being used in France for expediting the dilatation of the cervix, and the entire idea has seemed so novel that not a few have to recognize in the chemical term lactose the familiar sugar of milk.

Bossi, an Italian physician, first recommended the use of sugars in uterine inertia in 1894; but he gave cane sugar for the purpose, employing it at various stages of labor. One ounce was the dose, and the ecboic effect was apparent within a few minutes after exhibition when given late in the expulsion period. When given early in labor the action of the sugar while certain was slow in appearing and tended to cease long before delivery was accomplished. No beneficial effects were noticeable in false pains. In a small series of cases, the sugar was administered in massive doses (four ounces) before there were any pains at all, when labor was about due. In each of these cases labor set in violently after five or six hours.

The author of the article contents himself with discussing the cases of Bossi and of Payer, of Graz, but makes no mention of a number of contributions on the use of lactose in opening up the cervix, although this substance is used in the Lyons, Liege and other maternities, and has been the subject of monographic studies.

Sugar (even milk sugar) is such a cheap, accessible and probably harmless substance, and inertia is so common, that the medical profession ought to be able to pass upon the value of this remedy, and a consensus of opinion ought to be readily ar-

rived at. The theory upon which its use is based is not given in any works accessible to us, but doubtless the rationale is simply that sugar is a muscle food. Sugar should probably be used in connection with ergot.—*Medical Review of Reviews*.

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### Oophorectomy For Cancer of the Breast.

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In 1896 Beatson, of Glasgow, published a remarkable article promulgating the theory that cancer of the breast was due to ovarian irritation and announcing his belief that removal of the ovaries had a marked beneficial effect upon cancer of the breast. To substantiate his claim he presented the case of a woman suffering from un doubted mammary carcinoma upon whom he performed oophorectomy. Eight months after all traces of cancerous disease had disappeared.

Herman, in 1899 showed a woman to the Medical Society of London whom he believed was cured of recurrent cancer of the breast by oophorectomy and administration of thyroid extract. The breast had originally been removed by the radical operation in May, '95. In October, '95, there was a recurrence. By July, '98, there was a large ulcerated surface over the right breast, with palpable axillary involvement. In July he performed oophorectomy, and subsequently administered thyroid extract. By March the ulcer had healed. The lump in left breast and axillary glands could no longer be felt.

Stanley Boyd presents seven cases subjected to ovariectomy and thyroid extract, and sums them up as follows: Beneficial effect in two cases. Probable in two cases. Absent in three cases.

In view of the foregoing facts, substantiated as they are by careful observers, we must regard henceforth oophorectomy with administration of thyroid extract as one of the palliative operations in the treatment in inoperable mammary carcinoma. It is not for us to explain the theory of this procedure upon any rational basis except the well known physiological relation be-

tween the mammary gland and ovulation. However, the extirpation of the ovaries is a simple procedure, and under strict antiseptic precautions unattended with danger to patient's life. If such a procedure holds out the least amelioration for a condition upon which we must look with despair, it is our plain duty to suggest and urge such an operation as a possible ray of hope.—*Ex.*

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### Urine Separator.

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The urine separator, an instrument invented by Harris for obtaining the urine from each kidney separately, has proved to be a nearly perfect device for that purpose, and has practically done away with all other methods. It is designed to catch the urine as it flows from one or the other, or both ureters, by means of a double catheter passed into the bladder through the urethra. It works on the water shed principle, by having an instrument in the rectum in the male, and in the vagina in the female, pressing upwards, and forming a ridge, which divides the bladder into two halves, each of which is drained by a suction tube.

This instrument can be used without an anesthetic, and passes easily through any urethra that will admit a No. 26 female sound. Before beginning to draw the urine the bladder must be thoroughly washed out with sterile water. This is done through the instrument itself after it is in position in the bladder. The urine, as it is drawn from each ureter, is collected in separate vials attached to the instrument for that purpose. In this way we may determine accurately the secretory functions of each kidney.

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The "Organon" being the best exposition of the homeopathic system should be carefully studied by everyone for himself, and its teachings accepted and indorsed by every teacher of homeopathy when they are not inconsistent with the ascertained facts of modern science.—*Dudgeon.*

# THE CRITIQUE.

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## EDITORIAL COMMENT.

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### Homeopathy in 1900.

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The Fifty-sixth Annual Meeting of The American Institute of Homeopathy, recently held in Washington, D. C., will always be memorable in the annals of medicine in this country.

The completion and dedication of a magnificent monument to Samuel Hahnemann was, of course, the feature of paramount importance at the Washington meeting, and the ceremonies attending the unveiling were of the most imposing character.

The attendance of the President of the United States, accompanied by Attorney-General Griggs, General John A. Wilson, U. S. A., Col. Theodore A. Bingham, U. S. A., and others of his personal staff, added greatly to the interest and enthusiasm of this very impressive event.

Dr. J. B. Gregg Custis, a member of the monument committee, conducted the exercises, and in calling the assembly to order said, in part:

"We are gathered together upon an occasion which in some of its aspects is solemn, in some glorious, in all momentous. Solemn, because we have assumed the responsibility of setting as an ideal for the twentieth century, a character to whom a memorial constituting the greatest testimonial ever received by any in the walks of life followed by our confrere, Samuel Hahnemann, we are now about to dedicate.

"Glorious, because it represents a completed work, conceived in Washington, nurtured by the American Institute of Homeopathy, and made possible by the adherents and patrons of the school founded by him, in whose honor this grand work of art and architecture is erected. Momentous, because it places in bold relief the fact that truth, represented simply by a thought, can, in so short a time, in a country whose motto is freedom, reach its highest development. This monument is erected in the hope that from it, as a centre, truth may be spread, which will result in the lessening of suffering, and the increased usefulness of mankind."

The monument was formally presented to the American Institute of Homeopathy by Dr. J. H. McClelland, of Pittsburg, chairman of the monument committee. In making the presentation Dr. McClelland said, among other things:

"Eight years ago, at a meeting of the American Institute of Homeopathy in this city, this committee was charged with the extra professional duty of erecting a monument which should be a suitable memorial to the man whom we wish to honor and be commensurate with the dignity of the body we have the honor to represent. Your committee, after many failures, finally secured a design which it feels sure will meet the approval of our parent body and all those who love the beautiful in art as well as that which represents a great and noble idea. We are indebted for this beautiful sculpture to an American, Mr. Charles Henry Nieuhaus, and for the exquisite architectural effects to Mr. Julius F. Harder, of New York.

"Mr. President, I take pleasure in transferring to your keeping, for the time, this monument erected to the honor and glory of Samuel Hahnemann."

After the monument had been formally presented to the Institute, an original ode to Hahnemann was read by Dr. William Tod Helmuth, of New York, in which the achievements of the founder of the homeopathic school of medicine was treated at length.

In presenting the monument to the government of the United States, Dr. C. E. Walton, of Cincinnati, president of the Institute,

made an able address, in which he paid highest tribute to the life and work of Hahnemann. He first acknowledged the good work done by the monument committee, making possible the erection and dedication of the monument free from debt.

Turning to Col. Bingham, President Walton concluded with these words:

"We give into your keeping this testimonial of our recognition of one of the world's most pronounced benefactors. Take it under the national protection. Guard it as the cherished object of millions of our people."

Col. Bingham spoke very briefly in accepting the monument on behalf of the government.

"This monument and statue will be the nineteenth," he said, in part, "to come under the jurisdiction of the government in the District of Columbia, making twenty three in all within the old boundary line of the city of Washington. It is with great pleasure that I have the honor, as the government's officer in charge of public buildings and grounds in the District of Columbia, to accept this monument on behalf of the government, and I assure you every care will be taken for its preservation."

Col. Bingham was followed by Attorney-General Griggs, who concluded the exercises with an eloquent address which created great enthusiasm among his hearers.

"There are triumphs to be won in the peaceful pursuits of life that bear equal glory to victories on the field of war. In the centre of this park stands the statue of a great warrior, a soldier of his country in three great wars, the representative of his country in martial valor. On the other side is the statue of the great statesman and orator, the expounder and defender of the Constitution, representing constitutional law, liberty and representative government. Here on this side, with great appropriateness, this Institute has placed this other statue, not of a man of war, not of a great Senator, but of a scientist, a reformer, a good physician. The laurels of fame grace with equal glory the brow of the warrior, the statesman and the scientist. There is but one, and one only test of worthiness, and that is that a man shall have wrought in unselfishness, with a spirit of sacrifice and devotion, in the in-

terest of his country, of humanity and the world, and that merits a fame which those three possess in a triune glory.

"It was the merit of Dr. Hahnemann that he exposed fallacy, that he found the truth, and showed things not as they had been believed to be, but as they are. It was not his chief glory that by his doctrines he founded the homeopathic school, but that he uncovered errors, and disclosed secrets of nature which all the world has recognized as correct, without regard to school. He accepted no dogmatic assertions of philosophy nor any arbitrary counsel where the secrets of science were concerned. The Kingdom of Heaven, it may be, cometh not by observation, but that is true of no other thing. Hahnemann, like Darwin and all the tens of thousands of homeopathic investigators of the present day, believed that the truth was to be recognized and found by experimenting and observation, and in enunciating that belief he met with opposition and persecution. It is not in Jerusalem alone that the prophets are stoned; and so this man, for the truth's sake endured persecution.

"It is no criticism of the Institute or of the Federal government that they have placed, or permitted to be placed here the statue of a man who never knew or saw America. It is but an added glory that the work he did, the same that is now his, is recognized to belong, not to Germany, but to the world. I congratulate the gentlemen of the American Institute of Homeopathy on placing in the National Capital this beautiful work of art. Generations of our people to come will pause and view this statue; will look at the figure of the young student bending in thoughtfulness on his book; at the figure of the scientist making his experiments; at the figure of the wise teacher instructing his pupils; and at the grand, the noble, the benign figure of the great man whose position here to day, in view of the persecutions to which he was subjected, teaches us to glory in the belief that it can no longer be said that 'Right is ever on the scaffold, wrong forever on the throne,' for here sits right enthroned before the American people, from whom forever and forever more will be contributed its just meed of immortal fame."

At the conclusion of Mr. Griggs' address, and after the ap-

plause had subsided, some one of the audience started three cheers for President McKinley, which were given with a will, and which the President acknowledged gracefully. They were followed by three cheers for Chief of Engineers John W. Wilson, who selected the site for the monument; and then after another selection by the Marine Band, the ceremonies were completed.

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### Institute Notes.

The National Theatre was the scene of the opening meeting, when addresses of welcome were made, and the President of the Institute delivered his annual address. Elaborate preparations were made for this function, to which the public generally was invited, as the program was of such a nature as to interest those who are outside of the medical profession.

Owing to the efforts of the local committee the theater was handsomely and profusely decorated for the occasion. The electric display was especially brilliant.

An entertaining musical program was presented by the Marine Band, and prayer was offered by Rev. Dr. Bristol of this city. Cordial words of welcome were uttered by Dr. W. R. King, the chairman of the local committee of arrangements, who voiced the feelings of the members of the profession in Washington in extending to the members of the Institute a hospitable reception.

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Commissioner Mcfarland, president of the Board of District Commissioners, in a felicitous speech extended to the visitors the freedom of the city, and referred to their placing here a monument to Hahnemann, which beautiful work of art, he said, would adorn the city. Mr. John Joy Edson, president of the Washington Board of Trade, and president of the National Hospital Association, also uttered words of greeting and embraced the opportunity to tell something of the work of the Homeopathic Hospital in Washington, and especially of the need for better and larger accommodations. He also emphasized the importance of establishing a homeopathic college of medicine and surgery in Washington.

President Walton followed with his annual address. He said, in part:

"The purpose of our meeting this year is especially to testify to the world that homeopathy is neither dead nor sleepeth, but is ever potent in some tangible form, leading us from the wilderness of uncertainty into the promised land of demonstration, even as the pillar of fire by night and the cloud by day led the ancient Israelites into an ultimate haven.

"The desideratum to be accomplished is uniformity of medical laws in every state of the Union. I hold to the broad proposition that the right to practice medicine in one state should carry with it the right to practice in every state, in every territory and in the District of Columbia. Uniformity of medical laws can only be secured in one of two ways—either by act of Congress, which will involve a constitutional amendment, a most difficult thing to accomplish, or concerted medical legislation on the part of each state, which will possibly be no easier to secure.

"The committees on medical legislation of the national medical societies should co-operate in this matter. They should decide upon a just law, and this should be enacted by Congress or the legislatures of the several states.

"We occasionally hear it asked, 'Would it be wise to establish a chair of homeopathy in an allopathic college?' Let us answer this. Would it be wise to establish a Protestant chair in a Catholic institution? Would it be wise to drill democrats in a republican camp? It is just as difficult to gather figs from thistles as it was nineteen centuries ago. No! Let us teach homeopathy in homeopathic colleges and see that it is thoroughly taught. If allopathic students hunger and thirst after homeopathic nutriment they will find our feast constantly spread. If homeopathic students hanker after allopathic fleshpots their cravings can be satisfied in most any homeopathic college."

At the close of the address, which was followed with close attention, President Walton held a reception and greeted a large number in the audience.

The following officers were elected for the ensuing year:

Dr. A. B. Norton, New York, President ; Dr. George Royal, Des Moines, Iowa, First Vice-President ; Dr. Flora N. Ward, San Francisco, Second Vice-President ; Dr. Eugene H. Porter, New York, General Secretary ; Dr. Wilson A. Smith, Chicago, Recording Secretary ; Dr. T. Franklin Smith, New York, Treasurer ; Dr. Henry C. Aldrich, Minneapolis, Minn., Registrar.

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The appointments of Chairmen of Sections were as follows :

Dr. J. B. Gregg Custis, Washington, D. C., chairman Section of *Materia Medica*.

Dr. S. S. Smythe, Denver, Colo., chairman Section of *Gynecology*.

Dr. Clarence Bartlett, Philadelphia, Pa., chairman of *Clinical Medicine*.

Dr. H. R. Stout, Jacksonville, Fla., chairman Section on *Sanitary Science*.

Dr. A. P. Hanchette, Council Bluffs, Iowa, chairman Section on *Pedology*.

Dr. George F. Shears, Chicago, chairman Section on *Surgery*.

Dr. N. B. Delamater, Chicago, chairman Section on *Nurology*.

Dr. A. R. Griffith, Montreal, Canada, chairman Section on *Obstetrics*.

Dr. F. Park Lewis, Buffalo, N. Y., chairman Section on *Ophthalmology, Otology, and Laryngology*.

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Dr. Peck's report on the progress of Homeopathy in the United States contained the following interesting items:

He finds that there are not less than 9,369 regular homeopathic physicians in this country, of whom 1,158 are women; that they support eight national societies, thirty six state, 116 local, forty-six clubs, eleven alumni associations, and six miscellaneous associations; ninety public hospitals, fifty general private, forty-five special public, thirty-six special private, and fifty institutions; also seventy-nine dispensaries, twenty-one medical col-

leges, with 13,120 alumni, and thirty journals; that the rank and file of the profession are still true to the teachings of Hahnemann, and that they have their reward in that while statistics show they individually perform the same amount of work as the average allopath, they fill out but one death certificate to the latter's two.

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President McKinley's reception to the members of the American Institute and their friends was an occasion worthy of special mention.

The mansion was elaborately decorated as for any state reception of the winter, and, with masses of pink and white hydrangeas and the prettiest varieties of palms and ferns from the government conservatories, was a vision of beauty to the many guests who saw it for the first time. The full Marine Band furnished the music, half its members being stationed in the east lobby and half in the conservatory.

Among the company to be seen in the Blue Room were the Secretary of State, the Secretary of War, the Attorney General, the Secretary of the Interior, and the Secretary of Agriculture. Here also were the Surgeon General and Mrs. Sternberg, Mrs. Sharp, wife of Col. Sharp, U. S. A.

Mrs. McKinley received seated to the right of the President. She looked particularly well in a handsome gown of pink silk covered with lace, and responded graciously to the many congratulations and good wishes offered. Mrs. Hitchcock made a gracious assistant, and wore a becoming toilet of white and lavender silk. Col. Theodore Bingham and Major Charles McCawley, each in full uniform, presented the guests by name to the President, who in turn introduced them to Mrs. McKinley.

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The Washington meeting was in all respects one of the most gratifying and successful in the history of the American Institute. Satisfaction and enthusiasm marked the proceedings from beginning to end.

President Walton was in his element: the right man at the right time. His enthusiastic, genial and courteous manner of conducting the affairs of the Institute received the spontaneous

praise of all who attended the meetings. With it all he has the courage of his convictions and never hesitates to speak out for homeopathy. In all his public addresses, in all his talks to the convention, Walton won the hearts of his hearers by his candor and truthfulness and loyalty to the best interests of the school. His administration has been notably successful along all lines of work; broad, vigorous, clean and effective in every department.

Niagara Falls was selected as the place of meeting for next year.

### "By Their Books Shall Ye Know Them."

The above is the title of the leading editorial in the *American Homeopathist* of May 15. The article begins with a list of the Homeopathic colleges of the country, with a table showing the allopathic text-books recommended as first choice by each for use in the different departments, and then names some of the standard homeopathic works that *might* and *should* have been recommended in their stead.

The editorial closes with the following: "The table shows how the popular branches of a modern medical education are taught in our homeopathic colleges. And the homeopathic profession professes to wonder that its students come back from a four years' tussle with allopathic text-books in alleged homeopathic colleges and fail to be very enthusiastic on the homeopathic doctrine! Poor homeopathy! Preceptors will do well to study this table and have it handy when the late summer crop of homeopathic college announcements falls like autumn leaves up on their desks, soliciting their patronage. Shame on you, gentlemen of the homeopathic colleges, for your little faith and worse works! But ye have made it a den of allopaths."

The point of Dr. Kraft seems to be well taken. Even in such departments as urinalysis or Medical Diagnosis, would not an author who thoroughly understands *Homeopathy* and is in full sympathy with *similia* be more helpful to a homeopathic physician or surgeon than an author who has not this knowledge and sym-

pathy? At any rate the way for the Homeopathic profession to have good text-books is for them to buy those already published. We as a school are still in the minority, and a homeopathic author has little encouragement to write a book if his homeopathic confreres will not buy it. It takes time and money to write and publish a good book on any department of practice. If our text-books are inferior to those of the old school it is because we do not buy what we have. In any department of medicine where therapeutics is at all considered, a homeopathic work is necessary for a homeopathic practitioner. *He cannot do the best work without it!*

Just in proportion, too, that homeopathic publishing houses are patronized, just in that proportion will be their ability to do the best work.

There is another reason why not only homeopathic colleges but the whole homeopathic profession should be very particular to buy and use homeopathic works. We believe *similia* provides the best system of therapeutics. When we follow it we do our best work, the whole profession, also the people in general, seeing our good work at the bedside, come to accept Homeopathy.

There has been a good deal said about the various schools of practice coming together. We are willing, but we want such an union to come in the right way. For the sake of humanity we want all physicians to adopt that system of practice which has the best success at the bedside. We could not desire less and be worthy of our noble calling. And that "best success," we feel assured, is secured through Homeopathy.

We most devoutly wish the physicians of other schools of practice were as ready to investigate homeopathy and adopt into their daily practice what they find of value therein, as we are to glean what is good from their works. We freely use, in our colleges old school works for reference books. Will the old school be as liberal in their colleges? It would look well to see such works as "Hahnemann's Organon," "Allen's Handbook of Materia Medica and Therapeutics," "Wood's Gynecology," "Raue's Therapeutics," or "Arndt's Practice of Medicine" among

the reference books recommended for use in old school colleges. And why not?

The faculties of homeopathic colleges are supposed to be the standard bearers of pure homeopathy. Like college, like practitioners. Here in Colorado the homeopathic college has three rivals, two in Denver and one in the State University at Boulder, and these are well equipped. But there is room for our school because it is homeopathic, and the degree of our loyalty to Homeopathy is to decide the measure of our success as a college. And as to that loyalty both our patrons and our rivals judge by the text-books we use.

Any little departure, in the Denver College, from this rule in the past, is corrected this year, and now homeopathic text-books are given the place of honor by being given the preference in all departments. It is the firm purpose of this college to be thoroughly loyal to Homeopathy.

Thank you, Dr. Kraft, for pungently presenting this most important point to the homeopathic profession. W. A. B.

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## Intercollegiate Committee of A. I. H.

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The following Schedule of Minimum Requirements for Admission to Homeopathic Colleges, was recommended by the Intercollegiate Committee, and adopted by the American Institute of Homeopathy, June 22, 1900, to go into effect with the opening of the college sessions in 1901:

### 1. ENGLISH COMPOSITION.

*Exercise on assigned theme:* not less than two hundred words. Criticised with reference to (a) thought; (b) construction; (c) orthography; (d) syntax; (e) capitalization; (f) punctuation; (g) paragraphing; (h) penmanship.

*Exercise in Reading:* criticised with reference to (a) fluency. (b) pronunciation; (c) expression.

*Exercise in Correction,* of ungrammatical sentences.

### 2. MATHEMATICS.

*Arithmetical Exercise* in (a) vulgar fractions; (b) decimals; (c) percentage; (d) proportion; (e) square and cube root; (f) weights and measures; (g) decimal system.

*Mensuration*: (a) definition of terms ; (b) exercises under the more fundamental rules.

3. GEOGRAPHY.

Natural divisions, physical features, climate, topography ; all with reference to North America.

4. HISTORY.

General, with particular reference to human progress in art, science and letters. (The examination to avoid exact dates and minor details of the subject).

5. LATIN LANGUAGE.

(a) grammar ; (b) four books of Cæsar, or its equivalent.

7. OTHER STUDIES RECOMMENDED.

(a) Medical terminology, as presented in Campbell's *Language of Medicine*, or in similar works ; (b) etymology, especially of technical and other important words employed in medical literature ; (c) logic, especially those portions of the subject which relate directly to observation, experimentation, induction, deduction and fallacies ; (d) freehand drawing.

7. STUDIES CONDITIONED ONE YEAR.

(a) Physics, including the states and properties of matter ; mechanics and forces ; conservation and correlation of force ; hydrostatics ; pneumatics ; acoustics ; physical laws and phenomena of heat, light, and electricity ; physical constitution and phenomena of the atmosphere, laboratory exercise ; (b) elementary chemistry, inorganic and organic ; laboratory exercises ; (c) biology and embryology, elementary ; laboratory exercises ; (d) botany and zoology, elementary ; analysis and classification of vegetable and animal forms.

J. R. RIPPAX, Chairman.  
PEMBERTON DUDLEY, Vice-Chm.  
J. P. COBB, Secretary.

---

## Notes and Personals.

Dr. J. H. Griffin, formerly of Carpenter, Iowa, will locate at Cripple Creek, and we bespeak for him a good business.

Dr. C. E. Thompson has moved his office to No. 1517 Stout Street.

Dr. Otto S. Vinland has taken offices at 1705 Lawrence Street, corner of Seventeenth.

Theo. G. Finley is the local agent of the H. K. Mulford Co., Manufacturing Chemists of Chicago, residing in Denver.



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therefore exactly of the Carlsbad, Bohemia, and  
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## COLORADO CARLSBAD.

E. Wilton Brown, M. D., of Mount Kisco, N. Y., made a call on the editor of THE CRITIQUE on his way East with a patient.

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THE CRITIQUE wishes to extend its sympathy to Dr. and Mrs. Hoag in the loss sustained by the death of their oldest daughter, Mrs. Smith.

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THE CRITIQUE wishes to acknowledge the receipt of "Press Bulletin No. 5" of the Agricultural Experiment Station at Fort Collins, entitled "The Russian Thistle for Forage," showing how this nuisance when cut green can be used as feed for cattle and sheep with good results.

---

The Fourteenth Annual Class for instruction in Orificial Surgery will be held in the amphitheater of the Chicago Homeopathic College during the week beginning September 17th, 1900. The class will have a few hours' daily session throughout the week. On Wednesday and Thursday of the same week, in Chicago, will be held the annual meeting of the American Association of Orificial Surgeons. Those desiring particulars concerning the class can obtain them by addressing Dr. E. H. Pratt, 100 State Street, Suit 1203, Chicago, Ill.

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We learn through Dr. Warren D. Howe, of Cañon City, that Sarah A. Goff died June 24 of pleuropneumonia. Dr. Goff was born in Pennsylvania, and was 54 years old at time of her death. She was a graduate of Hahnemann College, Chicago, 1887. She came to Colorado for her health in 1893, and was practicing in Cañon City up to the time of her last illness.

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Dr. Wilson A. Smith, Secretary of the A. I. H., has been elected Associate Professor of Materia Medica in the Chicago Homeopathic Medical College.

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### Things to Remember.

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THE CRITIQUE has the largest circulation of any medical journal published west of the Missouri River. Hence it is the best medium through which to advertise.

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"Pat, kin you tell me about the little animals that get into our bodies an' give us disease?"

"Sure Moike, it is meself that kin tell you all about 'em."

"Then tell me where ye git 'em and what ye call 'em."

"What ye call 'em depends on where ye git 'em. If ye's git 'em in France, they are parisites; if ye's git 'em in Germany, they are

germs; and if ye's git 'em in old Ireland, they are called Mike-robes."

The Northwestern line is a Standard of Excellence in Railway Construction and Equipment. Everything in connection with its service is Modern and Progressive. Its motto is "The Best of Everything." A copy of the illustrated booklet, "Colorado," published by this company, is a gem of its kind. Its pages are replete with information about Colorado, and it is profusely illustrated with views that are a revelation to the Easterner. The cover pages are in color.

For information and booklet send to Mr. H. Wheeler, General Agent C. & N. W. Railway, 817 Seventeenth Street, Denver, Colo.

First Lady—"I hear that you have been very ill."

Second Lady—"Oh, yes, I was. I had three doctors, but being naturally of a strong constitution I recovered in spite of it all."

C. H. Howe & Co. have one thousand gross of homeopathic vials at cost that are extra heavy quality. Also your attention is called to page X. for their new advertisement.

"The glowing ruby should adorn  
Those who in warm July are born;  
They will then be exempt and free  
From love's doubt and anxiety."

Mr. Frank Reistle, Engraver, of 1420 Lawrence Street, Denver, whose add will be found on page XI., has made a reputation second to none for beauty of design and perfection of workmanship. Surely it is true: "Our Cuts Print."

'Tisn't allus to the strongest  
That the battle goes, my friend,  
'Tis the man that holds out longest  
That'll get there in the end.  
If you're hankerin' to gobble  
Up the vict'ry, just grin  
When you meet reverse an' trouble,—  
Up your fists an' come again."—*Success.*

Another has been added to the already long list of monthly publications printed by Mr. John Dove, of 1623 Curtis Street. This time it is the "Homeopathic Hospital Envoy," and we congratulate the management on its improved appearance since being printed under Mr. Dove's care. All wishing magazine work done should call at 1623 Curtis St.

# THE CRITIQUE.

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VOL. VII.

DENVER, COLO., AUGUST 15, 1900.

NO. 8

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## Local Anaesthesia by Infiltration and Absorption.\*

By O. S. Vinland, M. D., Denver.

At the present time general anæsthesia is so thoroughly understood, that one possessing a knowledge of it should not hesitate to resort to the same whenever it is necessary. Yet it is not without danger to the life and health of the anæsthetized, and for that reason we are justified in encouraging a more general practice of local anæsthesia.

It is claimed that by the judicious employment of local anæsthetics 90 per cent. of general narcosis is superfluous. Dr. Schleich, at the time his work was published (on local anæsthesia), had performed, under local anæsthesia, twenty-eight laparotomies, ten ovariectomies, three gastrostomies, two cholecystotomies, four ventrofixations uteri, seven hemiotomies, and others.

The general practitioner often fails in local anæsthetizing for minor surgical operations, and the cause for this failure is a lack of knowledge of the technique. It is a delicate procedure which requires careful attention, hence the success in this as in any other part of surgery depends on the care and skill manifested.

The following points should be considered in infiltration or absorption anæsthesia:

1. The solution and the agent and the choice of same. There are so many new preparations and formulas that it is difficult to keep informed on all of them. We should, however, investigate all, and choose those which are best. Those mostly employed are eucaïne, holocaine, and cocain, alone or in Schleich's solutions. The latter two are most universal, and of the two Schleich's solutions are the safest and most satisfactory.

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\*Read at the July meeting of the Denver Homeopathic Club.

Some later ones are guaicol, aneson, orthoform and tropacocaine. Eucaïne is preferred to cocaine by some, as it is claimed to be less poisonous and yet is equal to cocaine in effect. There are two preparations, called respectively Alpha-Eucaïne and Beta-Eucaïne. The latter is less toxic, its solutions are permanent and can be boiled as often as necessary.

Holocaine is a new preparation employed mostly in operation of the eye.

(b) *Strength and Formulæ.*

Eucaïne and cocaine are used in about the same strength, which has been two and four per cent. solutions, or even stronger. They should be, and are now being used in a one per cent. or weaker solution, because it has been verified that the weaker ones serve the same purpose as the stronger, and of course the danger of untoward symptoms is less imminent, if present at all. Holocaine is used in a one per cent. solution.

The antidote for cocaine poisoning is gelsemium.

Almost every manufacturing druggist makes these preparations ready for use when dissolved or mixed in so much water. It is, however, well to be able to give directions for making the fresh solutions from the crude chemicals. I'll give only a few proportions: 9 grains of cocaine, eucaïne, or holocaine to 1 oz. dist. water, is approximately a 2 per cent. solution. To make it 4 per cent., double the chemical or divide the water by 2. To make it 1 per cent., divide the chemical by 2, or double the amount of water, and so on. 1 grain boric acid added will prevent the formation of fungi, and the solution will keep indefinitely.

Schleich's solutions are composed of cocaine, morphine, and common salt in three different formulæ, numbered 1, 2, 3, differing in strength of cocaine chiefly.

No. 1 is composed of—

Cocaine hydrochlorate, 3 grains.

Morphine hydrochlorate,  $\frac{1}{3}$  grain.

Sodium chloride, 3 grains.

Aq. Dist.,  $3\frac{3}{8}$  oz.

No. 2—Cocaine hydrochlorate,  $1\frac{1}{2}$  grains.

Morphine hydrochlorate,  $\frac{1}{3}$  grain.

Sodium chloride, 3 grains.

Aq. Dist.,  $3\frac{3}{8}$  oz.

No. 3—Cocaine hydrochlorate,  $\frac{1}{6}$  grain.

Morphine hydrochlorate, 1-12 grain.

Sodium chloride, 3 grains.

Aq. Dist.,  $3\frac{3}{8}$  oz.

Solution No. 2 is the one used for general work.

No. 1 solution, containing 3 grains cocaine, twice the strength of No. 2, is used for inflammatory lesions when there is great hyperaesthesia.

No. 3, containing one-sixth grain of cocaine, is used for extensive operations.

These solutions should be kept in glass stoppered bottles, small quantities being poured out into a receptacle for each operation. It is very necessary to cool the solution before using, which may be done by placing the bottle on ice previous to using it.

(c) *Quantity Used.*

It is very unnecessary to inject a whole barrel at a time, when a drop or two would do much better. One-fourth of a minim of the 4 per cent. solution will immediately and entirely deaden the sensibility of the skin through which an incision can be tolerated for a half-inch in extent. Of course, with the weaker solution a larger quantity can be injected, though a drop or two will suffice for each injection. On the extremities, where the circulation can be partially or entirely arrested, as in operations on the toes and fingers, arm and forearm, or leg and thigh, a greater quantity can be used than on the trunk, where circulation cannot be controlled, and consequently absorption is greater. On mucous membrane more can be used in the buccal cavity and pharynx where the saliva washes away any excess of the chemical, than in other parts. The quantity will depend largely upon the susceptibility of the patient.

(d) *Method of applying the solution.*

For infiltration an ordinary hypodermic syringe answers, care being taken to use a sharp pointed needle as small as possible. For absorption it is applied to the mucous membrane by a camel's-hair pencil or a sponge, or by sopping, as in the eye.

2. *Parts to be anaesthetized.*

All tissues, skin, muscles, lymphnodes, nerves, periosteum, synovial membranes are capable of being anaesthetized. In anaesthetizing inflamed tissue, as in opening an abscess, felon or carbuncle, do not insert the needle directly into the inflamed area, but at some distance from it in the healthy skin, and carry the needle in it until the point of incision is reached. Then inject, and no pain will be experienced either from the needle or from the scalpel.

3. *The Technique.*

Time will not permit me to give in detail a description for using all these agents that have been mentioned, nor for anaesthetizing the different parts of the body. One general description with a little differentiation must suffice.

I will take Schleich's solution for my example, the others differing but little from it.

The technique of producing local anaesthesia consists in making an aseptic field, solution cold, aseptic, and needle sterilized. Pinch up the skin between the thumb and finger and pass the needle obliquely under the epidermis to the papillæ until the lumen of the needle is covered; a drop or two, or, if the skin be very thick, a few drops, are injected. This is followed immediately by a white elevated wheal. At once make an incision through the whole skin to the extent of the wheal and incise again, continuing thus to the desired extent.

Following the skin incision, the deeper structure must be injected, which is easily accomplished by slight pressure. When there is compact sclerotic tissue, as on the ball of the heel, calloused skin, matrix of nail and hardened gums, considerable pressure is necessary. One must always bear in mind that only the infiltrated areas will be painless, and if pain be evinced the

parts are not sufficiently anaesthetized. Should you, in the course of an operation, return to a field which was infiltrated more than twenty minutes, it must again be infiltrated, as, for example, in introducing sutures following the operation.

After the skin has been rendered insensible and been incised, it is easy to manage the underlying tissue, which is not very sensitive. A nerve filament or a small blood-vessel lying in the field of incision should also be injected separately, the vessel, of course, being pinched near the point of injection to prevent absorption.

To sum up: Have a good solution, aseptic field and instruments, a 1 per cent. or weaker solution, inject only one or two drops at a time, incise all anaesthetized area immediately, and don't anaesthetize more than is decided to incise; put on Esmark's or other constrictor whenever possible in order to make operation bloodless and absorption less.

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### **Cholera Infantum and Its Relation to the Sympathetic Nervous System and the Brain.**

By A. J. Clark, M. D., Loveland, Colo.

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The child may be compared to a young and tender plant. Its sympathies and its susceptibilities are so marked and characteristic that we should not lose sight of them in our treatment of the little patient. The harmful contingencies that threaten its welfare must be anticipated and averted. We must comprehend the liability to disaster through its physiological peculiarities and susceptibilities.

The delicate organization of the mucous membrane of the alimentary canal in infancy is the chief cause of the various forms of aphthous inflammation. These affections are invariably connected with a depraved nutrition.

The lesion may invade the entire digestive tract, or it may be limited to a portion of it. Not unfrequently it attacks successively different portions, from the mouth to the anus. The

sensory nerve filaments are delicate and extremely susceptible to the action of excitants. This renders the mucous surface, with which almost every species of irritant is brought into contact, the principal media for the operation of disease-producing causes in the young infant. For this reason most infantile diseases are of concentric origin. The causes operate upon and from the peripheral nerves, or those of general sensibility, to produce the most perplexing and persistent results. The contact with this mucous surface of acrid, irritating, indigestible substances, may induce colic, constipation, diarrhea, dysentary, cholera infantum or convulsions.

This delicate susceptibility of the integument is too frequently overlooked. It stands sentinel over the child's safety, and should not be disregarded.

Besides the delicate texture of the alimentary mucous membrane, and the multifarious influences to which it is subjected in performing the labor of digestion, dentition is a contingent that increases its liability to disease.

Attacks of gastro-enteritis are frequently referable to this indirect source of mischief. Cholera infantum is sure to involve the mucous membrane. The *nervous system* becomes thereby extremely susceptible to causes that are calculated to derange the process of nutrition. The intestinal follicles are being rapidly developed, and readily take on diseased action. The exciting causes are found in the heated, impure, or stagnant atmosphere of the summer in our cities, a sudden check of perspiration, or the ill results of indigestible, insufficient or unwholesome food.

In the successful treatment of this affection all these contingencies and peculiarities must be taken into account. No department of general practice is more difficult, and yet, perhaps, none more satisfactory to the earnest, laborious physician. In no other way are more lives sacrificed to ignorance than by inattention and want of knowledge of these physiological minutiae.

We may divide cholera infantum into three stages. In the first stage, the symptoms indicate some derangement of the digestive functions, but more especially of enervation, as shown by increased sensibility. I am inclined to the belief that a distin-

guishing feature of this enervation pertains to the circulatory system. At no subsequent age is the vascularity of the integument, the mucous membrane, and the parenchyma of the different viscera so marked and so liable to derangement. Local congestions at this period of the child-life are of frequent occurrence. The most trifling causes may impress the reflex nervous system, as applied to the circulatory apparatus, in such a manner as to induce an undue determination of blood to the brain, the lungs, or the bowels. Hence the relative frequency of inflammation; and hence also an explanation of the superior efficacy of acon. and bell. in this stage of the disease. In ninety-nine cases out of a hundred a few doses of acon. or bell., as they may be indicated, at this time, with proper hygienic regulations, will relieve the whole trouble.

Did parents understand how important is medical aid at this time, thousands of children would be saved from falling victims to this fearful scourge.

In the *second stage*, the alimentary symptoms are more prominent. Gastric disturbance, vomiting, painful colic, and a troublesome diarrhea ensues. And here, before cerebral complications manifest themselves, we find the disease amenable to homeopathic treatment.

But the *third stage* presents the most alarming conditions. Brain symptoms now become so prominent that we are compelled to regard the conditions of the bowels as of minor importance. And it is a lamentable fact that but few cases fall into the hands of the physicians until they have reached this stage. As this class of cases have been amongst the most trying in my professional experience, I have given much study to try to discover the true pathological condition so as to intelligently combat the disease.

To this class of symptoms I desire particularly to direct attention. In most cases of the disease we find, that with the amelioration of the symptoms proper to the second and the advent of the third stage, there occurs a derangement of the urinary function. The urine become scanty in amount and is more thick and turbid than is natural. Its specific gravity is increased.

There may, or there may not be stranguary. This partial suppression of the urinary flow is difficult to account for, as there are copious watery stools and profuse and constant perspiration. The rapid evaporation of perspiration from exposed surfaces leaves them cool and clammy. The hands and arms are thrown wildly about, and the feet also become cool and cadaverous, and in some cases there is the most intense thirst.

In the majority of cases we find these symptoms, the relative degree of urinary and perspiratory, as well as calorific derangement, a pretty clear diagnosis of the gravity of the attack, and the danger to be apprehended from cerebral complications, which carries off so many thousands of children annually. Hence their prognostic value; and hence also the necessity for knowing their pathological and therapeutical significance.

Whether we accept the theory that the primary stage in this disease is due to some lesion of the brain, which would seem to be supported by facts, it would appear that the exciting cause or causes of cholera infantum must operate through the nerve centers. For this reason the cerebral spinal system, which is the most vulnerable in the young, is implicated at an early stage in the disease. This early and decided implication renders it peculiarly susceptible to morbid contingencies. Among these contingencies is the retention of urea in the blood. Its non-elimination is seen in the scanty flow of urine, as well as in the profuse perspiration, which is the outlet for the aqueous, but not for the organic elements of the urine. There may be no structural lesion of the kidneys, but there is dynamic and intangible causes at work to derange the renal functions.

Let us take the case of a child eight or ten months old, which has been ill some time with a deranged stomach and a watery diarrhea. The little organism is weakened and prostrated, the vital energies exhausted by the excessive alimentary secretions and muscular wear and tear. The atmosphere is impure, the heat and discomfort of the season intense and intolerable, and the symptoms correspondingly serious.

There is languor and debility. The skin is cool and clammy, and at the same time loose and flabby, excepting upon the

forehead, where it is tense and shining; the eyes are hollow and have an unnatural expression; the *stools* are less frequent than they have been; the vomiting is somewhat relieved; the urine is partially or almost wholly suppressed, and the child restless and sleepless.

Here is a favorable condition for zymotic complications. The uremic poison is carried in the blood to the nerve centers of the brain, the spinal cord and the ganglia of the sympathetic. The symptoms which result are closely akin to those of the collapsed stage of Asiatic cholera. And the reason is apparent. The specific cause of epidemic cholera impresses the nerve centers in a similar manner to that which produces cholera infantum. But the eliminating process carried on by the kidneys is suppressed at an earlier period, clonic painful crampings are the result. The cramps give place to collapse and the victim of a fearful scourge dies in the same manner as the infant which is sacrificed to a more familiar but scarcely less fatal disease of the same type.

Many cases recover during the first and second stages without the developement of brain symptoms. But there are many more, in which the symptoms which we have to combat are referable to uremic intoxication. These symptoms claim our careful attention. I have treated a case for some days, and left the case convalescent, as I supposed, and after a few days have been called again to find that the child had been taken suddenly worse, and that brain symptoms of an alarming character had developed almost without warning; and I felt that I needed to comprehend their cause and significance. It would be folly to talk of metastasis and all that sort of thing. It has no application here and should not be employed. It will not satisfy the intelligent parent or physician. There must be some adequate cause, some valid reason for this change in the character and gravity of the symptoms.

When a fatal termination impends the symptoms bear a close resemblance to a spurious form of hydrocephalus, termed by many medical writers hydrocephaloid. There are reasons for believing these diseases identical. West does not recognize

cholera infantum as a disease in Europe, but says, "the hydrocephaloid affection is prone to supervene upon infantile diarrhea, pneumonia and cerebral congestion."

And then this view finds confirmation in the result of some of our most appropriate remedies for symptoms common to this stage of this disease, such as acon., apis., arsen., and helle.; and secondly, bell, bryo. and hyos. Remedies that seem most appropriate to derangements in sympathy and function between the cerebro-spinal centers and the genito-urinary apparatus. These remedies may not have cured a well-developed case of hydrocephalus, but they have been of inestimable service in the spurious form of that disease. And this result has been attained, not by virtue of any mere diuretic property, but through a specific curative relation to the tissues and functions which have been implicated. The keynote for canth. or apis. has been recognized in a troublesome stranguary or marked suppression of urinary flow. These remedies have been given and good results have followed. Other organs, as the brain, spinal cord and tissues of serous and mucous membranes, which have been involved in the diseased action, are relieved of embarrassment and the symptoms of evil omen are made to vanish.

I will close this paper with the following quotation. Dr. Thomas Moore, in an article on the dietetics of infants, says :

"The state of the system previous to the indications of disease had a decided influence upon the course, severity and danger of every case of sickness. And it is the great object of hygienic science to teach how to preserve a healthy integrity of life force, in order that the vital energy may thus be able to resist the influence of disease producing causes. The principal means of effecting this object is proper nutrition of the body."

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IPECACUANHA: PERTUSSIS—Dr. C. A. Williams : Ipecac 3x. Cough is accompanied with great anguish, with danger of suffocation and bluish face ; nausea ; rattling of mucus in bronchia.

# GENERAL MEDICINE.

Conducted by W. A. Burr, M. D.

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## Schirrus Cured.

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As published in the July number of the "Pacific Coast Journal of Homeopathy," Dr. George H. Martin, of San Francisco, makes record of a genuine cure of Schirrus of the right breast. The case had been examined by three physicians, who agreed as to the diagnosis.

The treatment consisted of applications of solutions of common salt, of the administration of silica, conium, hydrastis, nitric acid, mercurius and kali phosphoricum as homeopathically indicated, and the use of central galvanization. This last was done by applying the positive pole over the epigastrium, and the negative up and down the spine, using the current as strong as the patient could comfortably bear for fifteen minutes three times a week.

The doctor is positive the cure was really due to the homeopathic remedies, and could not have been effected by any other means.

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## Auto-Intoxication Produces Mental Disturbances.

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Dr. S. Fuller writes on Auto-Intoxication as an Etiological Factor in the Production of Mental Disturbances. An article on this subject was read before the Boston Homeopathic Medical Society, and published in the June number of "The New England Medical Gazette." Dr. Fuller summarizes as follows:

*"First,* Continued disturbances of digestion are responsible for some cases of some forms of insanity, by the entrance into the circulatory system of poisons formed as a result of indigestion.

*"Second,* That while emotional disturbances may precede digestive disturbances in some cases, many cases of melancholia

and mania, especially those of adolescence, are ushered in by digestive disturbances, and the resulting vitiation of the nutritive fluids. For it is a fact that treatment directed to these conditions quite often prevents an attack.

"*Third*, That certain substances which to a normal cerebro-spinal system would be innocuous, to one more or less damaged by disease, acquired or inherited, may and often do prove most virulent toxic agents.

"*Fourth*, That toxins introduced into the economy from without,—as, for instance, alcohol, opium, and the toxins of bacteria,—while they may produce vast organic changes, which may not result in mental breakdown, when combined with the chemical toxins produced in the body prove disastrous to mental equilibrium."

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### Opposed to the Germ Theory.

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Dr. J. M. Selfridge, of Oakland, is a strong disbeliever in the Germ Theory of Disease as generally accepted. He writes a strong article, confirmatory of his views on the subject which appears in the July number of the Pacific Coast Journal of Homeopathy. He concludes with the following resumé:

1. Germs are so numerous as to be wellnigh omnipresent.
2. Germs are vegetable cells of microscopical dimensions.
3. Germs are disintegrators—they are ferments.
4. In the progress of decomposition, protoplasm is changed into germs by the vital energy.
5. Bacteria do not occur in *healthy* blood or *healthy* tissue.
6. When germs are injected into the circulation, they quickly disappear.
8. The presence of germs in deep abscesses demonstrates that they are the result of local decomposition.
9. Environment changes the forms and species of bacteria.
10. Germs are pathogenic only when they absorb ptomaines.

11. In animals inoculated with ptomaines free from germs, micro-organisms will be found after their death.

12. The bacillus tuberculosis is not always present in patients who have died of consumption.

13. Diseases are frequently the result of auto-infection.

14. The demonstration that cleanliness is a necessity has been a boon to surgery.

15. Koch's theory, so far as he claims that the bacillus is the invariable and only etiological factor, is a failure."

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### A Prime Characteristic Symptom.

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A married woman, aged 29, had given birth to her second child. The labor was normal, and she passed through the puerperal period without trouble of any kind.

When the child was ten weeks old a headach gradually set in. There was pressure and heat on the vertex, and she was imbued with the idea that she was going crazy. This idea grew upon her, and although she felt well in other respects, and notwithstanding the protestations of her husband, the physicians and friends, she seemed to be constantly haunted with the hallucination that nothing would save her from becoming hopelessly insane.

She took *cimicifuga* 1x for a few days, but with no perceptible relief. A careful examination showed a slight congestion and redness of the cervix uteri. In other respects the female organs were in a healthy condition.

*Calc. carb.* 3x and gels. 1x. were prescribed, and in two days there was improvement; but as soon as the medicine was out she began to grow worse again.

Evidently the *calc. carb.* was the remedy, and this was prescribed alone. She slowly but steadily improved as long as she took the remedy. Now, at the end of eight weeks, she is very nearly well.

The actual amount of the carbonate of lime she took was very small; so small as to be almost insignificant in the eyes of

physicians used to heroic doses. But it was prepared and administered according to homeopathic principles, and although the actual amount of the drug was small, it did the work well, and was in every way most satisfactory.

Very probably a higher potency would have been followed by still better results.

W. A. B.

### Cancer from Vaccination.

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A woman, to all appearance in perfect health, was vaccinated when she was 37 years old. The arm became very sore, lame, and almost paralyzed. Also some of the glands of the axilla became swollen and finally suppurated. She eventually recovered and was apparently well.

Three years later, without any apparent cause, glandular swellings appeared in the axilla just where they had been after vaccination. These increased in size, had the characteristic cancer pains, and in a few months came to involve the whole breast. In three years she died, but there was no suppuration, neither was the integument over the cancer seriously involved. She had been repeatedly urged to have it removed surgically, but to this she would never consent.

This would seem to be a plain case of cancer due to vaccination. Her immediate ancestors and relatives were all well, and not known to have ever had cancer or any similar disease.

W. A. B.

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"It is not conceivable how the slightest dubiety could exist as to whether it was more consistent with nature and more rational to prescribe a single, well-known medicine at one time in a disease, or a mixture of several differently acting drugs."—*Hahnemann*.

## MATERIA MEDICA.

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### Carduus Marianus.

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Carduus is a homeopathic remedy that eclectics should know more about. It comes as nearly being a specific for varicose veins as one could wish. It goes right after them in a purely business manner, and goes at once. It will do no good in the capillary sort of twisted veins seen in the surface of the skin on the limbs of both sexes so often, but in the true varicose veins of the knotted and twisted sort it will work like magic. The most marvelous cure that I ever witnessed with medicine is reported in the following :

Mr. T., miner, æt. 52, came to me in February, 1899; a very cadaverous looking subject, with a color much like the old-fashioned oak-tanned leather. He was unable to turn his head without the whole body following, and he said that it was often that way for six weeks at a time before it went into some other joint. It also shifted to the hip, knees, sacro-lumbar, shoulders, wrists and finger joints for a few days or weeks, as the case might be. There was a constant gastralgia, with distended stomach and gas-filled intestines, while the heart kept up a more or less constant palpitation. Nothing that he could get to eat agreed with him, and he was slowly starving to death, because he vomited everything he ate before it digested. Added to these were constipation, scant urine and engorged liver. From the symptoms presented it seemed that he had every disease under the sun except "*chronic digestion.*"

He had been treated by the best talent to be had, and after running the gauntlet of pills, tonics, cholagogues, stomachics, kidney and heart remedies of some dozen or more doctors, and no end of patent medicines, he gave up in despair, but not until after the M. D.'s had pronounced him incurable. He came to me a thoroughly discouraged wreck, doomed to suffer without hope, and simply awaiting his turn with the sexton.

In looking the case over, I noticed that there were very many and very large varicose veins upon the calves and thighs. Some of them were as large as your thumb and as hard as a twisted manilla rope. You could easily feel them through the thickest clothing. He accounted for them by saying that they must have been caused by the terrible cramps which he had almost every night of his life, especially if he walked or worked during the day enough to cause the least fatigue.

It was this condition of varicosity that caused me to select centaurea. I gave him but very little hope, but the selection proved to be a most happy one, for improvement was marked from the first week.

The stomach, heart and rheumatism seemed alike to yield to its influence, and within a week he was eating better, his heart was troubling him much less, and the rheumatism was letting up nicely. The gastralgia disappeared slowly; his color began to fade out into a Caucasian look, and the cramps in the limbs ceased entirely after some two or three weeks' medication, but later on returned in force.

In three months he went to work, after being an invalid for upwards of fifteen years, and is still at it. The most remarkable thing about this case is that the immense varicose veins have entirely disappeared, and the legs, instead of looking like a tangled and knotted piece of cordage, are as smooth, soft and healthy in appearance as though there never had been a varicose deformity.

He began with a five-drop dose three times a day and gradually increased to fifteen drops. The severe cramps in the calves and thighs at night, which seemed cured at first but finally returned, were cured completely, so far as appearances at present go. with tr. copper—ten drops in four ounces of water and a teaspoonful four times a day. I believe them to be cured from the fact that he can work all day and walk fourteen or fifteen miles easily without the slightest manifestation of one in all the night following. He has several times worked in the dripping mine until completely saturated from head to foot, so far as clothing goes, but has had no signs of rheumatism or cramps down to the time of the present writing.—*C. W. Harvey, M. D., in California Med. Jour.*

### An Eclectic View of Lycopodium.

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This agent was for a long time used only as a dusting powder for protective purposes in erysipelas, intertrigo, herpes, ulcers, eczemas, etc. Druggists used it to prevent pills from adhering to each other in the boxes, and pyrotechnists employed it in the manufacture of their wares. Of recent years it has become quite important as a remedy in our school, the suggestion coming first from the homeopaths, who use it quite extensively. It was introduced to us as a remedy by Prof. Scudder. He prepared a tincture of the fresh plant before it had cast its sporules with 98 per cent. alcohol, and also a tincture of the sporules first triturated in a dry mortar until doughy, then placing them in a percolater, covering with alcohol, allowing to macerate four days, when the tincture was drawn off. He recommended the tincture of the sporules in "extreme sensitiveness of the surface; sensitiveness of a part, and care to prevent its being touched; slow, painful boils; nodes or swellings; extreme sensitiveness of the organs of special sense, with pale, livid, or dirty complexion." (Spec. Medicine, 174).

In fevers showing an obscure periodicity lycopodium has been found curative. The cases are not distinctly agues nor ordinary intermittents, and consequently not influenced by quinine. The febrile phenomena are not active, and there may be an irritable stomach, with either diarrhea, dysentery, or constipation, an obscure colic being associated with the latter, and some sore throat. The fever, though not active, is intractable, and exceedingly depressing, and the characteristic symptoms guiding the selection of lycopodium are a high-colored red urine staining the clothing, and an afternoon exacerbation, usually occurring in the middle of the afternoon.

Lycopodium is an efficient gastric sedative, and with the high colored red urine, and the patient suffering more in the afternoon, will be found of value in dyspepsia, and especially if constipation and cardiac palpitation are also present. There is tenderness over the stomach and a sense of fullness. Pyrosis,

with flatulence, is corrected by it, and in indigestion, with fermentative changes and borborygmus, it should be remembered when the special indications alluded to are present. It is reputed useful in catarrhal gastritis.

Lycopodium is prominent as a remedy in urinary disorders. Spasmodic retention of urine in children, and catarrhal cystitis in adults, with mucus and blood, with frequent painful micturition, are disorders in which it has rendered good service. It is a remedy for the lithic acid diathesis, when there is pain in the kidneys, ureters, and bladder, with unpleasant sensations in micturition, and there are red, sandy deposits in the urine. Gonorrhœa, gleet, vesical catarrh, and rheumatism with uric acid diathesis, are said to be benefited by lycopodium. Dr. Scudder recommended the tincture of the plant in chronic kidney diseases with blood in the urine; and in cases of "cough with bloody expectoration, congestive headache, dizziness, and tendency to syncope." The usual method of administering lycopodium for its specific effects is as follows: R—Specific lycopodium, gtt. x; aqua, floziv. Mix. Sig. Dose a teaspoonful every one or two hours.

*Specific Indications and Uses.*—Intractable forms of fever, not of an active type, showing obscure periodicity, with afternoon exacerbation, and the voiding of a high-colored red urine, staining the clothing; dyspepsia and indigestion with the same urinary symptoms, or with, red, sandy deposits in the urine, palpitation, constipation, borborygmus, and water brash; spasmodic retention of urine in children; cystic catarrh in adults, with painful micturition; urine loaded with mucus or blood, or both, or deposits of red sand or phosphates; cough with bloody expectoration, congestive headache, dizziness, and tendency to fainting.—*Ec. Med. Jour.*

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### Urtica Dioica---Common Nettle.

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Like pinus canadensis, a profuse discharge from the mucous surface, is the specific indication for urtica. Its sphere of action is said to be a stringent tonic, styptic and powerfully diuretic.

This last action is very much increased by adding acetate of potassium when prescribing it, which is very commendable in many cases of rheumatism, dropsy, etc.

The nettle is an excellent remedy for diarrhea, dysentery, and chronic disease of the large intestines, characterized by large secretions of mucus. The same is true of it in cholera infantum, in gravel and nephritic affections, in ague and in jaundice. Urtica is an especially certain remedy in passive hemorrhages from any part, and in either passive or symptomatic uterine hemorrhages. The nettle is homeopathically *the* remedy for the stinging pain of burns, and for nettle-rash. It is recommended by Prof. Webster as a remedy for goiter. From its powerful kidney action, we believe the urtica dioica deserves the closest attention of the profession. Of the specific medicine one-half to one fluid drachm should be added to four fluid ounces of water, and a teaspoonful of the mixture every half hour to two hours. From unknown causes the specific medicine sometimes gelatinizes when it should be thrown away as useless.—W. E. B. in *Electric Med. Jour.*

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### Methylene Blue in Malaria.

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Smithwick in *Merck's Archives* for February, 1900, from the reports of others and his own observations, has reached the following conclusions in regard to this drug :

1. Methylene blue is a perfect succedaneum for quinine, and may be given whenever the latter drug is indicated in the treatment of malaria of every form and under all conditions, with the same confidence that has always attended the administration of quinine.

2. Patients need not be selected on account of idiosyncrasies, as no bad effects ever follow the use of methylene blue, if given intelligently.

3. It is the remedy to use in malaria with hematuric complications, as it acts in a two-fold manner.

4. It is the remedy to be given in malaria occurring during

the pregnant period, as it has no oxytotic effect and will cause a freer action of the kidneys, which is also beneficial.

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### The Elimination of Methylene Blue.

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At a recent meeting of the Société Médicale des Hopitaux, ACHARD and CLERC recorded their views in regard to the duration or rate of elimination of methylene blue.

It will be remembered that Castaigne has pointed out that its elimination is prolonged if there is any condition which impairs the permeability of the kidneys, as, for example, in the case of parenchymatous nephritis. As a rule the material is eliminated in the urine in a very short time after the drug is swallowed, and continues in a more or less marked degree for a period of twenty-four or forty-eight hours.

They also found that in chronic contracted kidney there is a very great decrease in the permeability of the kidney and the rapidity with which the blue escapes, and they believe the severity of the lesion is in direct proportion to the slowness of the elimination.—*La Presse Medicale*, Feb. 16, 1900.

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### Thiosinamine.

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Dr. C. B. A. Pennoyer, in the "Minneapolis Homeopathic Magazine," reports favorable results from the use of Thiosinamine in a case of stricture of the rectum, given in two grain doses twice daily.

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"The praise bestowed of late years by some homeopaths on the larger doses is owing to this, either that they choose low dynamizations of the medicine to be administered, as I myself used to do twenty years ago, from not knowing any better, or that the medicine selected were not perfectly homeopathic."—*Hahnemann*.

# EYE, EAR, NOSE AND THROAT.

Conducted by David A. Strickler, M. D.

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## Local Anaesthetics in the Eye, Ear, Nose and Throat.\*

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Of the drugs used for local anaesthesia in the eye, ear, nose and throat, hydrochlorate of cocaine undoubtedly heads the list both as regards priority and frequency of employment.

In the eye it is used generally in from 2 to 4 per cent. solution, though may be as high as 10 per cent. by distillation to produce anaesthesia of the conjunctiva, sub-conjunctiva and the cornea for operation. Its primary action is on the conjunctiva and cornea, lasting about ten minutes. If repeated, and sufficient time be given for absorption through the cornea, it likewise produces anaesthesia of the iris, permitting an iridectomy without pain. Under its use the conjunctiva becomes pale; the palpebral fissure is more widely open, the act of winking is less frequent, so that the cornea may readily become dry on its surface.

The effects of cocaine are best explained by assuming that it acts as a stimulant to the fibres of the sympathetic, causing contraction of the vessels with pallor of the conjunctiva; contraction of the superior and inferior palpebral muscles, which are supplied by the sympathetic, thus giving a wider palpebral fissure; contraction of the vessels of the iris together with contraction of the dilator fibres of the iris, producing mydriasis. This latter action makes it a valuable agent in producing mydriasis for ophthalmoscopic examination.

In the ear it is used for operations upon the drum and drum head. Its action applied to the external surface of the drum head is slight because the outer layer is cutaneous, but when an incision is first made in the drum head, the cocaine in solution applied with absorbent cotton on carrier to cut edges, producing sufficient anaesthesia for extensive operations on the drum head and tympanum. If used in conjunction with a solution of supra-

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\*Read before Denver Homeopathic Club, July, 1900.

renal capsule, the operation can be made both bloodless and painless.

In the nose and throat the cocaine is applied by cotton pledgets saturated, the excess pressed out, applied to the part to be operated upon. Here, as elsewhere, it contracts the vessels giving pale membranes and comparatively bloodless operations. Its action, both anaesthetic and contractile, are greatly enhanced by using in conjunction fresh solution of suprarenal capsule.

In addition to cocaine there may be mentioned—

HYDROCHLORATE OF EUCAINE "A." which in the eye is used in a 2 per cent. solution. Its application is followed by some smarting and conjunctival injection. It has no effect on the pupil and does not dry the corneal epithelium. Its anaesthetic effect begins in a few minutes and lasts from ten to fifteen minutes.

HYDROCHLORATE OF EUCAINE "B." is related to eucaine "A." as well as to cocaine and tropococain. It is not decomposed by boiling and is less irritating than eucaine "A." A 2 per cent. solution causes local anaesthesia in from one to three minutes and lasts about fifteen minutes. It does not dilate the pupil, does not decrease the tension, nor cause clouding of the corneal epithelium. It does not contract the vessels, as does cocaine, and is therefore not suitable for operations on the conjunctiva or muscles of the eye-ball where absence of hemorrhage is a consideration.

In nose and throat work it has the advantage of being less poisonous, can be used more freely with greater safety. On account of its comparative safety it is substituted mostly for cocaine for infiltration—anaesthesia either in the nose and throat or about the eye.

Schleich has called the attention of the profession to a plan whereby the deeper tissues may be rendered anaesthetic. The method is known as the infiltration method, and consists in the injection into the area of operation of a sterilized fluid. The solution used is

Schleich's mixture	{ Eucaïn	0.2
	{ Sodium chloride	0.6
	{ Aqua dist.	100.

This solution is injected into the eye-lids, or submucously

in the nose for extended operations, and subcutaneously for tracheotomy.

HOLOCAIN is an active local anaesthetic closely allied in its general properties to phenacetin. A 1 per cent. solution causes anaesthesia in from fifteen seconds to one minute. It does not affect the pupil, the intraocular tension, the accommodation, nor the vascularity of the eye; nor the desiccation of the cornea.

It has decided germicidal action, rendering it the anaesthetic par excellence for operations on the cornea and iris, and for the treatment of painful corneal ulcers with or without septic infection, and for removing foreign bodies from the cornea.

It has been used with decided advantage in the treatment of corneal ulcers, relapsing in type, and Dr. Schereinitz reports with decided advantage in hypopyon keratitis.

It is about as poisonous as cocain, is not suitable for infiltration-anaesthesia, nor for operation on the conjunctiva and ocular muscles. I have seen no reports of its use in the ear, nose or throat, but my personal experience in its use in the eye, as above indicated, has been most satisfactory.

ORTHOFORM is extensively used as a substitute for cocain in relieving the pains of ulcers, wounds, excoriations, burns, etc. It is not suitable for hypodermic use, as the orthoform itself is insoluble and the hydrochloric acid irritating.

In the eye it is useful in painful relapsing ulcers, used in the proportion of

Orthoform 4  
Petrolatum 30 parts.

One grain placed in conjunctival sac and bandage applied. It has the advantage of maintaining long-continued anaesthesia.

It is applicable in throat troubles as in cancer or tuberculosis of the throat.

MENTHOL, CARBOLIC ACID AND COCAIN. This solution was introduced by Bonain (*Revue hebdomadaire de Laryngologie*, Bordeaux, June 17, 1899) who recommends two preparations as follows:

1. Pure carbolic acid.  
Menthol.  
Hydrochlorate of cocain, aa 1 gramme.

2. Pure carbolic acid 1 gramme.

Menthol.

Hydroch, of cocain, aa 50 centigrammes.

The first for simply anaesthetic, the second for anaesthetic and caustic purposes.

He has used the mixture as a local anaesthetic upon the drum head. In the nasal fossæ for exploratory punctures of the antrum through the inferior meatus and for galvano-cautery in inflamed tissue when the ordinary solutions of cocain are not efficacious. In the larynx, especially in the dysphagia of tuberculosis and in ulceration of the pharynx. In some of these cases the relief is marked for as much as four days from our application. In using the caustic solution for tubercular ulceration the surface should be first brushed over with cocain solution to prevent the burning sensation. "Bonain, in summing up his experience, comes to the conclusion that the three qualities—the anaesthetic, slightly caustic and strongly antiseptic—made this application one of great usefulness."

EXTRACT OF SUPRA-RENAL CAPSULE. This is not an anaesthetic, but is mentioned now because when used in connection with cocain it greatly increases its efficiency, causing it to penetrate more deeply and to maintain its action for a longer period of time. As a vasoconstrictor and a contractor of erectile tissue it blanches the mucous membrane of the nose and shrivels up the turgescient tissue rendering operations bloodless, and the space large for examinations and manipulations.

As a therapeutic agent it has gained some credit in relieving the distressing symptoms of hay fever.

There are other remedies that have more or less local anaesthetic effect, but these are the only ones that have gained for themselves any definite position thus far.

Chloretom is being pushed by Park, Davis & Co., but I have had no experience with it, nor do I know of any literature bearing on it save that circulated by that firm.

D. A. S.

# SURGICAL DEPARTMENT.

Conducted by J. Wylie Anderson, M. D.

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The reaction against the universal surgical treatment of appendicitis has at last set in, owing to the many cases that it was impossible to cure by any other means, as reported to friends of the patients by surgeons, getting well under proper medical treatment. The mortality under the knife has at last awakened the laity to the fact, "better a live man with an appendix than a dead one without it." Again the dear people are aroused to the fact that inflammation of the appendix can be cured as well as inflammation of the bowels. The theory of the grape seed is long since exploded, and when the gas, due to fermentation, that causes pain in the bowels is excluded, and the use of mercury eschewed, the few cases remaining will be insignificant, and it will not be necessary to carry a card in the pocket, as I know of one person doing: "My name is ————. If taken sick, under no circumstances allow an operation for appendicitis to be performed upon me."

J. W. A.

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## Recent Progress in Treatment of Scoliosis.

By Dr. A. Hoffa. ("Centralbl. f. Chirurgie.")

He describes his success in mobilizing the rigid scoliotic spinal column with suitable apparatus, the general and special gymnastic exercises by which he stimulates and restores strength to the muscles of the back, until the patient can voluntarily assume the normal position, and the apparatus which he uses to hold the spine in the normal or over-corrected position. This apparatus consists of an iron pad covered with leather, which is applied to the kyphos and held by a leather strap over the shoulder, and a stout iron rod which screws up and down in a threefold slide at the base of the spine, modifying its position in three different directions. The slide is fastened immovably in a long corset which embraces the pelvis. The firm support af-

forded by this is the chief feature of the apparatus. The article is profusely illustrated.

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### Typhoid Spine.

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By Drs. R. W. Lovett and C. F. Whittington. ("Boston Med. and Surg. Jour.")

The authors describe a case closely simulating Pott's disease which although treated for many months had not recovered. It was at first considered as a neurosis. The appearance of marked kyphos caused her to be sent to the orthopedic surgeons, under whose care she recovered. The blood examination showed Widal reaction although the history of typhoid was obscure. This condition is considered by some as neurosis, and by others as a spondylitis or perispondylitis.

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### Splint.

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By James G. Hughes, Sheboygan, Wis. ("Scientific American.")

This splint is especially adapted for use on the lower limbs, but may also be employed on the upper limbs. The construction is such that the splint can be simply and readily applied, and that the fractured member can be examined at any time and the wound properly dressed, without disturbing the union of the parts. The splint can be adjusted to secure perfect extension and fixation without pressure on any part of the limb, thus preventing shortening or deformity after a fracture. Pneumatic or hydraulic pads are employed to distribute the pressure evenly.

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### Acute Traumatic Arthritis of the Knee in Children.

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By Dr. Broca. ("La Presse Medicale, No. 2, 1900.")

The author advises arthrotomy and resection in cases of sup-

purative arthritis of the knee in children, whatever may be the origin of the condition. The incision should not be made anteriorly, but on each side of the joint.

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### A Summer Plaster-of-Paris Jacket for Pott's Disease.

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By Drs. R. T. Taylor and S. H. McKim. ("N. Y. Med. Jour.")

The authors' method is to apply practically a figure-of-eight plaster-of-Paris jacket, maintaining the usual antero-posterior support by pressure over the sternum, iliac spines and kyphos, leaving entirely open the space over the patients' abdomen for the sake of coolness. No advantage over the aluminum corset is claimed in point of comfort for the patient.

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### A Case of Hysterical Hip Joint.

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By J. L. Porter. ("Jour. of Am. Med. Assoc.")

The authors report a case of this nature occurring in a girl aged 11 years, who stood in the characteristic attitude of the second stage of hip joint disease. Repeated, careful examinations, however, failing to confirm any objective symptoms, the above diagnosis was arrived at, and the young woman made complete recovery with simply a bitter tonic and without mechanical or operative interference.

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[ABSTRACT.]

### Leg-Cramps in Elderly People—A Mode of Treatment.

By John MacDonald, M. D., New York City.

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In the remedial treatment of cramps, the attention should be directed mainly toward (1) the relief of constipation, (2) the removal of the uric acid toxin, and (3) the establishment of a better nutrition. It is obvious that for this purpose an effective

cholagogue agent is of the first importance to stimulate cellular action of the liver, increase its secretions and initiate peristalsis; and, that, combined with an appropriate uric acid solvent, such as lithia, the circulation of the blood may be quickened, while at the same time its subalkalinity may be neutralized and oxidation increased by the removal of the toxin mainly responsible for the abnormal condition. A more active interchange having thus been established between blood and tissue, the former being better enabled to perform its function of removing poisonous waste, the nutrition of the latter becomes improved and the third indication is fulfilled.

In the following case the above method of procedure was adopted, directed primarily toward the relief of the constitutional dyscrasia; "leg-cramp" being one of the prominent symptoms which disappeared as the patient's improvement became manifest—thus suggesting to the writer "a mode of treatment" for that troublesome ailment.

Dr. X——, physician, aged 57, had retired from a large and active practice a few years ago, since which time owing to a sedentary life, his weight had increased several pounds (to nearly 200), and symptoms of the gouty diathesis had become very troublesome. Notwithstanding a careful attention devoted to the diet, abstaining from those articles of food usually prohibited in the ordinary "gouty list," his flesh was in no way reduced, and signs of uric acid poisoning daily grew more marked. Constipation, muscular pains, occasional vertigo, and *leg-cramp*, were the principal signals of distress. The urine, too, was scanty, acid, high colored, and loaded with uric acid crystals.

Upon retiring at night the cramps in the leg would at times become so severe as to necessitate the administration of chloroform to obtain relief. Various expedients were tried; e. g., tying a band around the thigh, above the knee, massage of the muscles affected, application of heat, etc., but only temporary relief could of course be thus obtained. The feet, too, were habitually cold, and hot foot baths were frequently taken before retiring. It was obvious, however, that the underlying constitutional trouble which gave rise to these conditions must receive attention, and

the general nutritive functions improved, before the local symptoms could be made to disappear. The constipation had become very obstinate, examination revealing a colon much distended, and which was probably largely responsible for the severity of the cramps. Physic was taken at frequent intervals but was only temporarily beneficial.

As the above measures were simply palliative in effect, it was decided to adopt some more heroic means—such as the anti uric acid treatment—and thialion was administered. During the first four days a level teaspoonful of this salt was given in a glassful of hot water, three times daily, before meals; the result of which procedure was a thorough evacuation of the bowels on the fourth day, ample in amount and prodigiously odorous in character. Thenceforward a teaspoonful was administered every morning early on arising

The treatment was kept up in this manner for about two months, or until eight ounces of the drug had been taken, at the end of which time the patient's improvement was manifest. His naturally jovial disposition and cheerful countenance had returned, a hearty manner in greeting acquaintances became the rule, and no further complaints were heard of pains in the back and limbs, the patient moving about with some of his old time alacrity. The bowels, too, had begun to move more regularly, and it was probably largely owing to this fact in conjunction with a greater amount of exercise taken, that ten or twelve pounds of superfluous flesh had been removed.

The cramps, which had been so marked a feature in this case, gradually became less frequent, and finally disappeared; and now, after an elapse of several months, the patient states that he is entirely free from them. The writer has since adopted the same line of treatment in several other cases, usually in elderly people, and with the same gratifying results.

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ALIANTHUS: SCARLATINA.—Dr. Lambrechts, Jour. Belge d'Hom.: Ailanthus is useful in the malignant cases with intense fever, livid throat, which may also be ulcerated with pupura.

[ABSTRACT.]

## The Treatment of Catarrhal Conjunctivitis.

By Milton P. Creel, M. D.,

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As a curative means I have come now to rely on what I term the antiseptic treatment. This has been productive of better results in my hands than the old-time remedies.

In carrying out this treatment I first have the nurse to bathe the eyes thoroughly with this antiseptid mixture :

Hydrozone, 3 grains.

Aqua, q. s. ad oz. iv.

This mixture is used three or four times daily, as the case may appear to demand. Just as often as this mixture has been copiously applied and the eyelids have been dried, I apply, by means of an ordinary glass medicine dropper, two drops of Marchand's Eye Balsam.

This remedy reaches every part of the conjunctiva by the movements of the lids, and it is not irritating; the patient generally makes rapid progress to recovery.

By this treatment I have found my patients to recover in from thirty-six hours to three days. In fact my success has been such that I now rely upon this treatment entirely in this affection.

Four months ago an epidemic of catarrhal conjunctivitis broke out in a boarding school. I was called and ordered these remedies used on every case that presented itself. The nuns told me that all the cases got well speedily.

Mr. Samuel S., age 39. This patient had been suffering, as he put it, with "sore eyes" for three days. It was a simple case of catarrhal conjunctivitis, but gave him great discomfort. On the treatment described above he entirely recovered in two days.

Mrs. Laura S., aged 22. This patient thought she had something in her eye, but examination revealed catarrhal conjunctivitis. On this treatment she made a speedy recovery.

These are only two of the several hundred cases treated on the antiseptic principles.—*Medical Summary.*

# THE CRITIQUE.

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SAMUEL S. SMYTHE, M. D., EDITOR.

J. WYLIE ANDERSON, M. D., Business Manager.

All books for review, magazines, exchanges, correspondence and articles for publication in THE CRITIQUE should be sent to Dr. S. S. Smythe, Editor, 403 California Building, Denver, Colorado.

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## EDITORIAL.

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### We Are All Scoundrels.

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In a recent issue of the "Philadelphia Medical Journal," Editor George M. Gould took occasion to relieve himself of the following billingsgate concerning members of the Homeopathic school:

"The down right scoundrels, the out and out nostrum traders, the sectarians are treated by us as the prairie wolf, and tramp dogs, the solitary elephant, the forest cats, etc., are treated by their brethren. We expel them, and they are known as enemies forever. Of course they continue to use the education stolen from the profession, and their old knowledge of civilized life to commit depredations on their former masters. This is in accord with renegade ethics."

How does that strike you fellow renegades? The doctor hands us a pretty bitter dose this time—a vile compound of gall, wormwood and venom. Shall we swallow it and look pleasant or fling it back to the coyote who offers it?

Gould's deliberate and insulting statement is not merely the individual opinion of the author, but is intended to express the consensus of opinion entertained by the Allopathic organization for all Homeopaths. The Gould cat discloses not only his own claws but likewise those of all his fellows. Does it not bring back to every one of us reminiscences of treacherous treatment by these self-styled prairie wolves of old medicine?

The animus thus openly expressed by Editor Gould should be a lesson to every Homeopath. We shall find that our pretended Allopathic friends are after all but treacherous dogs, or something worse, always and all the time, if we but take the trouble to unmask them.

If we are wise we will never again forget that "our former masters" are never, under any circumstances, our real friends, in whatever guise they may happen to appear, whether as cat, dog, or wolf, or great big solitary elephant.

We of Colorado have special reason for being wary of any advances from these wily representatives of the old school, and next winter when they come courting us with a view to securing partisan legislation for the protection, ostensibly, of the dear public, but secretly and covertly for discrimination against Homeopathy, let us tell them that "our old knowledge of civilized life" and our old knowledge of their true character have brought us to the parting of the ways and that hereafter we shall travel our way alone.

Only very recently we had an excellent object lesson from the state board of medical examiners in its treatment of the Denver Homeopathic College, which fairly illustrates the malevolent spirit of the old school toward Homeopathic institutions. Of course this effort tell flat, as a matter of fact, but the purpose for which it was instigated, that of casting odium upon the school, was in a measure accomplished and they are using it to-day, after their usual cowardly methods, to stab us in the back.

We hope our schools and colleges will take heed of these things and assert their independence of everything Allopathic. Let us make all of our institutions so distinctively Homeopathic in all lines that there can nowhere be any doubt as to our teaching and our practice. To do this we need not resort to narrow prejudice and partisanship. We need only to be honest with ourselves and with our patrons. Be Homeopaths in fact and in truth; support Homeopathic institutions; see that our students are taught Homeopathy in Homeopathic colleges and do all things fairly and openly for the advancement of the cause we believe to be right.

### It's up to You, Governor Thomas.

---

In its senseless and wholly uncalled for quarantine against the bubonic plague by the Colorado state board of health, it now finds itself up against the real thing, in the way of a protest from the Japanese government for discriminating against her subjects who may desire to pass into and through Colorado from the west. It seems that the state board limited its order of exclusion to the Chinese and Japanese and it is to this feature that Japan raises objection; claiming that the people of Japan have nothing in common with the Chinese; that the Japanese are not subject to the plague; that they do not associate with the Chinese at home or abroad, and that this attempt to place them on a common level with the Chinese is unwarranted and insulting to a degree. The Japanese ambassador therefore calls upon the United States to remove all restrictions of travel and communication in the state of Colorado so far as Japanese subjects are concerned. Of course Japan does not recognize any authority in Colorado officials and looks only to the general government. Now what will Uncle Sam do about it? The old question of state rights seems likely to be involved unless the all important state board and our doughty governor shall conclude to waive the question and abolish the foolish quarantine order. The present governor is a gentleman from Kentucky, sir, and unless he can be mollified the integrity of the United States may be seriously involved. Then, too, the dignity of the state board of health is to be considered. It has said the Japs cannot enter Colorado's sacred soil, and must not this dictum be maintained even at the hazard of a breach in the entente cordial between two great nations like the United States and the empire of Japan?

We of Colorado are wont to forget, ordinarily, that we have a state board of health, but now that a great opportunity presents itself to let the whole world know what a virile thing it may become on occasion, even though it practice the most arrogant discrimination against a whole race of good people. What can we do but stand manfully by our state institutions? Just wait

till Uncle Sam and the Emperor of Japan receive a few yards, more or less, of patriotic verbosity from our invincible chief magistrate. Then will the wheels of diplomacy turn backward and the wisdom of our omnipotent board be vindicated. Don't monkey with our buzz saw executive. United he stands, all right, but a fall would certainly divide him in twain, if nothing more.

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### Health in the Philippines.

---

Exaggerated reports about the ill-health of the American soldiers in the islands have been spread, and it has been asserted that army medical officers have not been able to cope with fevers and other forms of disease.

Dr. Joseph J. Curry, a member of the board of army medical officers appointed to investigate the diseases of the Philippines, recently returned to his home in Boston, on leave of absence, and in an interview he contradicts many of these reports. Dr. Curry says that the chief cause of illness has been the lack of sanitation. The board of health has grappled with this question and has already made a new city out of Manila, and is teaching the people the value of sanitary laws. Among the soldiers, dysentery is the chief cause of disability, and this is mostly due to the drinking of polluted water. Some of the men refuse to drink the boiled water which is furnished them for their canteens, on account of its warmth, and prefer to drink from cold springs. The malarial fevers, according to Dr. Curry, are not as severe as those in Cuba, and it is only in the most swampy districts that they are dangerous. There are at present approximately 50,000 soldiers in the Philippines, but, in spite of the unsanitary conditions that have been encountered in the cities, and the ignorance of the men in regard to drinking polluted water, the sickness has been comparatively light, and the work of the medical officers is constantly reducing the percentage of men under care.

The investigation of tropical diseases, that is now being car-

ried on by the government, is certain to be of great value in the future in safeguarding unacclimated soldiers against the illnesses that are peculiar to the Philippines. The reports of such officials as Dr. Curry show that even under present circumstances, which include long, hard marches and a great deal of exposure to climatic changes, the general condition of the United States troops in the Philippines is far from bad.—*Denver Republican*.

JUST SO.—The new medical law in Ohio (says The Medical Visitor) does not give any school a majority. In this respect it is a good law and if all the states are to have laws we do not see why such a board could not be arranged in every state. In that way no school could perpetrate the outrage that was done in West Virginia when they turned down a Homeopathic applicant who had passed the examinations of the Pennsylvania and New York state boards because he happened to be a Homeopath. If the old school had the power it would wipe out of existence every Homeopathic physician in the United States. They remind one of the old couplet

When the Devil was sick, the Devil a monk would be."

When they need help they will do anything, but let them get the power in their hands and they forget. Like the Devil,

"When He got well, devil a monk was he."

### Anent the State Society.

It has seemed to the writer, and undoubtedly to other country practitioners as well, judging by their absence from its yearly meetings, that unless there is a change in the policy of the Homeopathic Medical Society of the state of Colorado to be consistent its name should become the Homeopathic Medical Society of the City of Denver.

In his annual address before the society in October, 1898, the president said: "For years it has been the hope and dream of the officers and members of this association to make it a state society in reality and not a local organization."

To emphasize this "dream and hope" the society proceeded to

elect four of its five officers from the Denver members. At the session of 1899 the "hope and dream" resulted in the entire list being filled with Denver men.

The writer would like to inquire if this policy, that the society is for the benefit of the Denver members alone, as pursued in the past, has resulted in an increase in membership from the towns outside of Denver or in attendance of those from the state at large already members?

In the list of members in the "Transactions" of the 12th session in 1898 fifteen of the forty-three members are from the country towns. How many of these were in attendance at this meeting at which 34 answered to the roll call?

In the state there are about 150 Homeopathic physicians about one-half of whom are in Denver. Of these 28 are members of the society, not quite twice as many as the country members. How many of the 13 sessions of the society have been held in the country towns? In the knowledge of the writer but one in the past five years. Is this fair to the country members?

Is it not worth while for the society to try some other plan to enlist the interest and support of these 75 or more physicians scattered over the state, less than one-fifth of whom are now members of the society?

Why not hold the annual meeting in the different larger towns in the state, or at least let every other meeting be held outside of Denver.

The society is for the benefit of all members, not any select few, and its benefits are not entirely and only in the reading and listening to learned papers.

In Denver the meetings are made up of a large number of Denver physicians with a bare half-dozen from the country, too small an attendance by far.

We country doctors are asked to come to Denver at our own expense, practically to meet the numerous learned specialists who, card in hand, impress us with their desire to have our "difficult cases" sent them and the fact that their anxiety to know us has a purely financial basis. There is no one of us but is more than grateful many times for the services of the trained specialist, but the unfairness is in their asking all and giving nothing in the matter of getting acquainted.

In a town where there are only two or three Homeopathic physicians who are denied the benefits of a local society, a meeting of the state Homeopathic Society would be of great value to those few in creating an interest among the townspeople favorable to the school. The local papers will give columns to such a meeting where the Denver dailies give but a dozen lines smothered with patent medicine and electric belt ads. This would be a

method of benefiting members of the society in a tangible way that would be appreciated by all. There are many people in every town who know nothing of Homeopathy because it has not been brought to their notice. A certain number of these may be induced to investigate when they see that it means something, that it has a standing in the community and in the state. Thus the local men are benefited first and the consultants none the less in the end. It will be urged that the busy city man cannot afford to take the time away from his work. Why cannot the man with the largest practice and consequently the largest income afford to take two days in the year from his work with less sacrifice than the man with the smaller income? Is this excuse consistent or is it selfish? It certainly is no more than just if the country man go to Denver one year that the Denver man come to the country the second year.

Outside of Denver there are no local societies of our school and our state society should be very dear to the heart of every Homeopath who is alive to the best interests not only of himself but of his school as well. The country practitioner needs the society more than the city specialist and a broad, liberal policy in the society should recognize this, not forgetting that the good of one is the good of all.

It is not urged that this change is alone the one to cure dry rot, to regenerate the society; it is but one step away from a policy that has not proved to be big with good results, and all members having the future good of the society at heart are asked to earnestly consider this plan as well as other reforms in the conduct of the society. At its meeting in September something should be done to get the society out of some of the ruts it has unfortunately fallen into, and it is hoped that this particular rut of believing that the meetings can be held in no place besides Denver should be smoothed out with the others so that the society can travel over a broad, smooth road to its highest good and usefulness to all its members.

W. D. HOWE, M. D.

CANON CITY, Colo., Aug. 6th, 1900.

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### Notes and Personals.

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Dr. S. S. Kehr has returned from a trip to Chicago.

Dr. J. F. Darling, Denver '97, has removed from St. Louis to Kansas City.

Dr. David A. Strickler has his two daughters and a niece spending the summer with him.

Dr. Drake and wife of Des Moines, Iowa are taking a vacation in Denver and the mountain resorts.

---

Master McComb, of Nebraska was successfully operated upon by Drs. Anderson and Smythe for varicocele, in July.

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Dr. A. C. Stewart has taken down-town offices in the Nevada Building, Nos. 16 and 17, where he will be glad to see his friends.

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The attention of our readers is called to an article by W. D. Howe, M. D., of Cañon Colo., anent the State Society. Good reading

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Dr. F. F. Laird, of Utica, New York, has decided to remain permanently in Los Angeles, California, and has opened offices at 305 South Broadway.

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Dr. F. C. McCurtain, late surgeon of Mammoth, Ariz., has gone to Chicago to take a post-graduate course in rectal and venereal diseases at the Polyclinic.

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Dr. J. W. Anderson has just returned from a ten days' outing at Indian Creek Park, where his family are spending the summer at their new summer mountain cottage.

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Dr. F. E. McCurtain, who has been gaining experience and shekels in Arizona for the past two years has returned to Denver and will engage in practice in this city.

---

The Homeopathic Society of the State of New York will celebrate its fiftieth anniversary, October 3rd, 4th and 5th in Brooklyn. A magnificent programme has been arranged for the occasion.

---

Dr. W. T. Thatcher of Dallas, Texas, has been visiting his fruit farm at Grand Junction, and is now calling upon friends in Denver. It is pleasant to meet a genuine homeopathic doctor whose wonderful success in Dallas speaks volumes for the good work he is accomplishing.

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Following are the officers elect of the Surgical and Gynecological Society of the A. I. H.: Dr. James C. Wood, Cleveland, president; Dr. W. Louis Hartman, Syracuse, N. Y., and Dr. Horace Packard, Boston, vice-presidents; Dr. J. Willis Hassler, Philadelphia, secretary; Dr. G. C. Jefferey, Brooklyn, Treasurer.

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"The Journal of Surgical Technology" is the title of a new periodical, to be published monthly, beginning July 1, 1900. It will be devoted to the consideration of the technic of surgical procedures, at a subscription price of \$1.00 a year. Valuable premiums are offered with the first subscriptions. Address the



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The new Announcement of the Denver Homeopathic College for 1900 presents a very neat appearance and clearly sets forth the claims of the school. We note many changes in the faculty. The prospect for a large class this year is said to be very flattering. The sessions hereafter will cover a period of seven months in compliance with the American Institute rules. The term this year will begin Sept. 18th. Preliminary examinations will be held Sept. 16 and 17.

Dr. Nicholas Senn is taking an extended vacation in Colorado this year; that is, he calls it a vacation, although he is devoting many hours each day to his new work on Military Surgery which is expected to be ready for the press before the end of the year. Dr. Senn is a hard and earnest worker, but withal a most genial and courteous gentleman. We wish him much pleasure and success in his contemplated hunting excursion up in the wilds of northwestern Colorado.

The president of the American Institute has appointed the following committees:

Committee on Revision of Pharmacopœia—Dr. H. M. Smith, of New York, chairman; Dr. J. W. Platt, of Boston, secretary, and Drs. Wesselhoeft, Boercke, Dewey, Mohr, Moffat and Carmichael.

Committee on Life Insurance—Dr. A. W. Bailey, chairman. (Other members to be appointed by the chairman.)

Committee on Press—Dr. Joseph Cook, of Buffalo, chairman, and Drs. W. E. Leonard and T. M. Stewart.

Committee on Monument—Dr. J. H. McClelland, chairman, and Drs. H. M. Smith, William Tod Helmuth and J. B. G. Custis.

Committee on Finance—Dr. George G. Shelton, chairman, and Drs. John R. Kippax, O. S. Runnels and Benjamin F. Bailey.

Committee on Publication—Dr. T. Y. Kinne, chairman, and Drs. H. M. Dearborn and E. E. Doughty.

International Bureau—Dr. J. B. G. Custis, chairman. (Committee to be filled by chairman.)

Memorial Services—Dr. John W. Leseur, chairman. (Committee to be filled by chairman.)

Committee on Transportation—Dr. L. C. McElwee, chairman and Drs. G. E. Kahlk and John L. Moffatt.

Committee on Resolutions—Dr. Charles Gatchell, chairman and Drs. Ward and Beebe.

Committee on Organization, Registration and Statistics—Dr. T. Franklin Smith, chairman. (Committee to be filled by chairman.)

Committee on Medical Education—Drs. Smythe, Cowperthwaite, Hartman, Newberry and Packard.

Committee on Medical Literature—Drs. Kraft, Sutherland, Fisher, Delap and Boericke.

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### Things to Remember.

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The Colorado is doing the lion's share of the business of the state, and since its purchase of the Midland and Rio Grand Western it at once bids for the coast business. For genuine rustle keep your optics on the Colorado Road, and no matter where you want to go consult the G. P. & Y. E. Fisher, Denver.

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# THE CRITIQUE.

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VOL. VII.

DENVER, COLO., SEPTEMBER 15, 1900.

NO. 9

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## \*Anesthetics in Minor Surgery.

By Walter Joel King, M. D., Denver, Colorado.

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If general anesthesia is employed in some small operation, do not think that because it is a minor operation, it is safe to operate before the reflexes are abolished. Wait until the patient is fully under the anesthetic. There is more danger in incomplete anesthesia than there is in complete anesthesia.

However, there is a stage—called “primary anesthesia”—that occurs early in the administration of chloroform or ether. The patient, while not losing consciousness, yet does not feel pain. This stage of primary anesthesia lasts but about thirty seconds, during which an abscess may be opened, a dislocation reduced, sutures or drainage materials removed or some other simple operation performed. Neither nausea nor vomiting result, and the patient is in his normal condition in ten or fifteen minutes. Primary anesthesia is induced in the following manner, after everything is in readiness for the operation: Patient being in a recumbent posture, with one arm raised vertically, is told to count out loud as the ether or chloroform is administered. In one to three minutes the arm will drop to the side; this is your signal that the patient is ready, so have the anesthetic stopped, and proceed to operate. The element of fright is removed during primary anesthesia, so you can depend on the patient keeping quiet. Local anesthetics do control the pain, but do not remove the dread of the operation. Under local anesthesia the patient may move just at a time when you especially desire him to keep quiet.

A slight degree of anesthesia may be produced by taking

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\*Read at the July meeting of the Denver Homeopathic Club.

several long, deep inspirations repeated rapidly. This acts by causing an accumulation of blood in the veins, overcharging the vessels of the brain with imperfectly oxygenated blood, thereby stupefying the sensibilities. It is recommended for opening abscesses, reducing paraphymosis, etc., in hernia, strangulated by a mere excess of blood in the tumor, it constricts the tissues, expels the blood, and permits reduction of the hernia. One objection to it is the danger of apoplexy from the engorged blood-vessels of the brain.

Local anesthesia may be used for many purposes. Some surgeons, in cases where the patient's condition is such that a general anesthetic is contra-indicated, have used in such operations as amputation of a limb, castration, ovariectomy or laparotomy. Under these conditions, local anesthesia has a distinct field in the performance of major operations. It is more commonly used in the probing of wounds, incising carbuncles, opening buboes, cysts, abscesses or felons, curetting ulcers, removal of toe-nail, splinters, small tumors, warts or wens, ligating or excising haemorrhoids, applying or removing drainage tubes or sutures, tenotomy, extracting teeth, reducing dislocations or fractures, enucleation of the eyeball, operations for necrosis, deflected septum, hypertrophied turbinates, amputation of toe or finger, tonsillotomy, laryngotomy, tracheotomy, lithotomy, urethrotomy, dilating stricture, repairing lacerations of perineum, operations for vesico-vaginal fistula or fistula in ano, hare lip, paraphimosis, phimosis or circumcision, paracentesis thoracis or for the introduction of the trocar or aspirator in ascites or hydrocele. It may be used for many other minor operations. Local anesthetics will alleviate painful piles, neuroma, neuralgia, periostitis, iritis, photophobia, etc.

Freezing a part will temporarily benumb it. A spray of a very volatile liquid such as chloride of ethyl, rapidly evaporates, and consequently causes intense cold. Cold acts by causing a temporary constriction of the lumen of the capillaries and a consequent temporary death and insensibility of the part; or rather, by this process, life in the part is for a short time suspended; its safety is due to the extreme rapidity of the deadening process.

The general circulation is not affected, and as the agent is applied for but a very brief period of time, the blood returns to the part and complete restoration takes place.

The best method of applying cold is by means of a spray of chloride of ethyl. Chloric ether is perhaps a more proper name than chloride of ethyl. Fries Brothers, of New York, manufacture it under the name "Kelene" and put it up in very convenient glass tubes ready for instant use. An automatic closing tube, holding ten grams, can be purchased for 50 cents. The spray should be directed on the part from a distance of eight or ten inches. The warmth of the hand is sufficient to vaporize the liquid. The skin turns white, and in about two minutes, the part is ready for you to proceed with the operation. In the extremities, apply a tourniquet to prevent the oozing of hot blood.

Rhigolene— a petroleum naphtha—one of the most volatile liquids, boiling as it does at  $70^{\circ}$  F., was formerly much used as a local anesthetic.

In 1866, Dr. B. W. Richardson, of London, perfected an apparatus to effect a rapid vaporization of ether. It is a modified atomizer for spraying eau-de-cologne. In an emergency, I presume an ordinary eau-de-cologne atomizer could be used, filling it with either ether or with one part chloroform to seven parts ether.

I am inclined to believe that a hypodermic syringe carrying an extremely fine needle might be used to direct an ether spray upon a part.

Powdered ice two parts and common salt one part enclosed in cheese cloth, or some net of similar thin material, laid directly on the skin for five or six minutes will produce total insensibility. This valuable agent has the advantage of usually being easily secured anywhere.

Alcohol cooled to about  $10^{\circ}$  below freezing point, carbon bisulphide, orthoform, and chloride of ethyl have been recommended as local anesthetics ; likewise menthol and lanoline, equal parts, rubbed on the part, or menthol 10 to 20 per cent, in olive oil hypodermatically. Ice water injected by means of a hypodermic will produce results nearly as good as those obtained by

using Schleich's infiltration anesthesia, described by Dr. Vinland. Local anesthesia of the skin may be obtained by drawing a camel-hair pencil, wet with carbolic acid, 95 per cent. over the line of incision.

Electricity, the faradic current, was used years ago, but is no longer employed as an anesthetic agent. The positive galvanic current, however, may be used to carry into the deeper tissues an opiate or anesthetic applied on the surface. This is called electrical cataphorésis.

My personal experience with chloride of ethyl is not extensive, but it does its work very satisfactorily. The objections to the use of any freezing agent are that the congelation of the tissues is irregular, either too great or insufficient; it is hard to cut frozen flesh, and to discover and secure the blood vessels; it is hard to distinguish abnormal from healthy tissues when frozen; and sloughing may occur if the freezing is too long continued.

It is stated that chloride of ethyl should not be used on an open wound, because of the great pain excited therefrom. I doubt this. But do not employ it where the thermocautery is used; here chloride of ethyl should be employed. I like the chloride of ethel—or the ice and salt in an emergency—as an anesthetic in many minor surgical cases. It is not so good perhaps in burns or wounds, for pulling teeth, and in dilating stricture or other operations within the body. In these I would use chlore-tone. Either the method by freezing or by the use of chlore-tone will cover any case requiring local anesthesia. In many you may use either of these two methods. Chlore-tone has recently been introduced as a local anesthetic by Parke, Davis and Co. It occurs in small white crystals, has a camphoric taste, and an odor something like camphor and ammonia combined. Chlore-tone may be used in the crystal form, in saturated solution or in a solution of 8-10 or 1 per cent. This latter has approximately the same anesthetising effect as a cocaine solution of twice the strength. It is used in the same way as cocaine; locally, on the skin, or mucous membrane, and hypodermatically. There is no danger of forming a drug habit from the use of this drug.

Chloretone does not depress the heart, or lower the blood-pressure; neither does it affect the vaso-motor nerve supply of the arterioles, with consequent danger of secondary hæmorrhage. In these respects it differs from cocaine. Neither does it cause necrosis nor ulceration as cocaine sometimes does.

Cocaine owes its anæsthetising qualities to the fact that it is a protoplasmic poison. We all know that its use is attended with more or less danger, and that you are unable to tell what patients may show a special idiosyncrasy to it. Chloretone is not toxic, it can be used safely in any strength.

Chloretone is always ready for use. A solution of it will keep indefinitely; this because it is a powerful antiseptic and germicide. It does not destroy cell vitality, but induces increased activity and repair. The combined stimulant, anæsthetic and antiseptic properties make it very valuable in surgical work.

Let me quote from a few cases in which chloretone was used :

Dr. W. E. Edwards, of Cordele, Georgia, reports the case of a switchman whose fourth finger of the left hand was badly crushed, so that amputation was necessary. The hand was placed in a saturated aqueous solution of chloretone for ten minutes. It being of course a septic wound with grime and dirt on the fingers, thorough scrubbing was indicated. This was done and the finger amputated; no pain was experienced either in the aseptic or operative measures.

Dr. Clarence H. Burton, a dentist, of Detroit, believes the secret of success is to take plenty of time to anæsthetise the parts. He waits six or seven minutes before operating. He has used chloretone ever since its introduction, and uses no other local anæsthetic in his work.

Dr. G. A. Dewar, also of Detroit, reports the following five cases: The first was a serious laceration extending from the middle one-third of the arm to the lower one-third of the fore-arm; the injury resulted from having the limb drawn between two cog wheels. The wound was bathed in a saturated aqueous solution of chloretone; the thirty sutures which were required gave no pain whatever. The wound was dressed with chloretone crys-

tals and rapidly healed, with no tendency to sloughing or supuration. Enough of the drug was absorbed to produce the hypnotic effects, but no dangerous symptoms appeared. The second case was urethral stricture through which the largest sound that could be passed was a No. 10 French. After introducing a solution of chloretone, it was thoroughly dilated, with no pain or undesirable after effects. In the three other cases reported by Dr. Dewar, amputation of a finger was necessary. Chloretone was used, and met every expectation and requirement of a local anesthetic and antiseptic.

I believe chloretone would be excellent to use both before and after the curettment or cauterization of an old chronic ulcer. I am sorry I have not more information to give you on chloretone, but I am sure it is a valuable agent. I have only used it myself in one case, and I believe my failure was due to the fact that I did not wait long enough before introducing the trocar.

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### Diagnosis of Typhoid.\*

By E. J. Clark, M. D., Denver, Colo.

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If man was not the complex combination of delicate and intricate mechanism that he is, diagnosis would be a comparatively easy matter. But this great complexity brings so many things to bear upon disease that we find no fixed and unalterable rules that we can go by. In Typhoid fever we have the absorption of an unknown amount of a specific "materies morbi" affecting various parts of this complex system, imbued with an unknown amount of affinity for or resistance against such poison and affecting more prominently one or more of these intricate pieces of mechanism, comprising the whole, and at the same time always affecting certain portions and to a greater or less extent the whole economy. This gives the careful observer a certain amount of sameness to each typhoid case, and to the casual observer, or one who only sees the surface, or depends upon the rule of thumb,

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\* Denver Homeopathic Club, August 1900.

it presents an inextricable mass of confusion, a wonderful and unexplainable divergence. The time will never come when we can diagnose by set rules. Dr. Tooker well says that symptomatology furnishes us with the best and surest means of diagnosis in all functional disorders, and these disorders constitute nine-tenths, yes, nineteenth-twentieths of all the ailments which come into the purview of the general practitioner." The physician must grasp this subject of diagnosis as a whole, he must be able to cast out from his sight the peculiar idiosyncrasies of the Typhoid poison in the case under discussion and see only the guide-boards that point to the character of the poison working within the patient.

Of what value to a Homoeopathist is the diagnosis of Typhoid fever? None, so far as the selection of the remedy goes. But if he knows that he has a case of Typhoid it may prevent his killing his patient, and he can better appreciate and interpret the results that follow the giving of the remedy. I firmly believe in diagnosis and in reaching as correct a diagnosis as one can, for one reason in one disease and for another reason in another disease, but mainly for the aid it gives the educated Homeopath in knowing when to give his remedy and when to abstain from meddlesomeness. The man that depends upon his diagnosis to select his remedy comes far short of prescribing homeopathically 99 times out of the hundred.

If you must err in diagnosis, err on the safe side, so in fever it is better to call a simple continued fever, Typhoid, than to call Typhoid a simple continued fever, etc. The diagnosis can not be made before the close of the first week, and yet the greatest value to the diagnosis is during this period of uncertainty. It is well, therefore, to study closely the prodromal stage of your fever patients, to keep a careful record of their pulse, temperature and other symptoms, and to know what symptoms should cause your mind to revert in suspicion to the probable advent of Typhoid. And if I suggest cultivating this habit of suspicion, believe me, I do not intend that you should be suspicious of your fellow-men, but that you should always be on the alert to detect and expose an oncoming Typhoid, and have it cared for as a Typhoid until

your suspicions are proven unfounded. I say unfounded because you may never prove them correct, and when this is the case, you must continue suspicious to the end.

The Typhoid almost always presents a history of an indescribable tired condition that is almost always accompanied by nose bleed. I do not mean that a nasal hemorrhage occurs in all cases, but there is a tendency to a discharge of blood from the nose, it may be only an occasional drop, hardly noticed, often forgotten, until recalled to the memory, or it may be profuse enough to impress itself actively upon the mind. With these indescribable tired symptoms and the nose bleed may be many others that may or may not impress the patient with their extreme importance, but are of no value in diagnosis.

The fever begins and continues and gradually rises until it reaches its fastigium by the seventh or eighth day. We seldom in Colorado see the typical Typhoid come as described by Wunderlick, but we do find very frequently this gradual rise in temperature and gradual increase in the severity of the symptoms. Now comes splenic enlargement that you may or may not be able to detect, the bowels become more or less tympanitic, gurgling with tenderness in the right ileo-cecal region may cause you to think that you have a perityphlitis, the typical peasoup stool may appear, the roseate spots are found, if looked carefully for, the Widal sero-reaction may be present, the bacilli may be found in the stool or urine, the urine may show the diazzo reaction the palmar and plantar surfaces may show the yellow tinge sometimes found, in fact, at the close of the first week the symptoms may be so markedly Typhoid that the way-faring man though a fool need not err. Again doubt will hold the field and you must go along without a positive diagnosis, convalescence may even arrive and pass and fail to remove the doubt. Under careful treatment you may dispel the severity of the disease during the first week and be only able to base your diagnosis upon the history, the suspicious symptoms, other cases and the fact that the temperature gently dropped towards the normal.

Should you be careless in the convalescent period as to the food supply of the patient, or permit too early physical exertion,

a recrudescence, a relapse, hemorrhage or perforation may furnish you confirmatory proof of the correctness of the diagnosis. Another thing we must guard against is the presence of the symptoms of the remedy we are using being mistaken for the symptoms of the disease. Where a low potency of a remedy is given hourly to a patient for days, if they do not develop a proving of the remedy it is because of the immunity of the system.

While I would advise the use of the laboratory means as a help to a correct diagnosis, yet I would warn you that you must not place too much confidence upon their infallibility or you will find your confidence abused and misplaced.

The Widal reaction carefully performed by an expert is a grand aid, it usually is noticed by the close of the first week, or may appear earlier, later, or be entirely absent. It may be present and death show no Typhoid lesions. The blood count under the microscope, about the close of the second week, may furnish you a valuable aid in differentiation from a suspected appendicitis or other disease. The bacilli may be found in the stool or urine or may be absent, their presence cannot always be considered proof of the existence of Typhoid. The diazzo reaction of the urine is sometimes found early but may occur in other febrile disorders. So while using all these methods at your command, give them only such consideration as they deserve when viewed with the other symptoms. Learn to grasp the disease in its entirety and not by piecemeal. Careful exclusion of all other febrile diseases will be a great help. One can often tell what a thing is not, when they would find it hard to say what it is; so cut out all other diseases, and though you may not have the positive symptoms present, yet it will give you great confidence in your diagnosis. Lay stress upon the history of the disease, upon the four cardinal symptoms: 1, of the peculiar temperature curve; 2, peasy stool; 3, enlarged spleen; and 4, the rose spots.

When you have the history of indescribable tired symptoms, with nose bleed, be suspicious of Typhoid and increase the suspicion as the case develops a continued form of fever. Be suspicious of all continued fevers, no matter what the prodromal symptoms.

In all suspicious cases have the patient nursed as though the case were Typhoid.

# GENERAL MEDICINE.

Conducted by W. A. Burr, M. D.

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## A Remarkable Cure.

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Early on the morning of July 23rd, I was called in haste to go six miles to see a woman in her 83rd year, reported to be in a dying condition from cholera morbus. She had been dropsical for the past three or four years, which condition was uniformly relieved by the use of *apis mel.* 3x.

I found her very seriously ill; her stools were very frequent and consisted of very nearly pure water, and the cramps every fifteen or twenty minutes were so severe as to elicit cries of pain. These cramps involved not only the stomach and bowels, but the extremities also. Each paroxysm was followed by coma more or less profound. The anus remained open, from which there, almost constantly, issued liquid stools; these became worse during the paroxysms. She also had been attacked with two or three paroxysms of vomiting. These symptoms had been present some six or eight hours when I saw her. The limbs were cold, with cold sweat, especially on the forehead. During a very severe paroxysm of pain the extremities became bluish; following this the coma was so profound she was thought to be dying.

Considering the extreme gravity of the symptoms and the great age of the patient, it seemed as if she could not possibly recover. Moreover, the bed had become saturated with the profuse watery stools, which had a cadaverous odor. But nothing daunted, and remembering the wonderful efficiency of homeopathic remedies, even in such extreme cases, I hastily prepared *veratrum album* 3x in solution, about a drop to the spoonful; of this preparation a spoonful was given every ten minutes. She also received a grain of *cuprum aceticum* 3x, followed by a second powder in half an hour.

After three doses of the *veratrum* and one of the *cupr. acet.*

she was perceptibly better, and in an hour from the first dose the paroxysms of pain, the cramps and all the grave symptoms were much improved. She had been allowed all the water she wanted to drink, and hot water bottles had been applied to the extremities.

I then retired, with instructions to call me by phone if she ceased to improve, the medicines to be given less frequently as she became better.

No word being received from her during the day, I knew that improvement had continued.

Next morning I found her comfortable, and in fact nearly well; but, as would be expected, very weak. The cramps did not return, the diarrhea was all gone. In all she had taken four powders of the cupr. acet., but the veratrum she continued to take every hour. Lest there might be a return, the veratrum was continued, a dose to be taken every hour or two as the symptoms should seem to call for.

This was a plain case of cholera, and the recovery was most remarkable. Nothing less than Homeopathy would have raised such a case, from apparent *in articulo mortis* to a state of reasonable health. The rescue from death is the wonder of her relatives and friends. To Homeopathy is due all the praise, for the indications were plain, and any homeopathic physician would have given the same remedies.

W. A. B.

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APPENDICITIS.—Dr. Nathan Starr, of Charleston, Ill., has this to say of his experience with appendicitis:

"I have treated twenty-eight cases of appendicitis. Twenty-four recovered under medical treatment, four were operated on. Two of those operated on died. Seven cases occurred in young and adult women, eight cases in boys and girls under fourteen years, and the balance in young and adult men. The ages ranged from five to thirty-five years.

The list of remedies used is not large. Belladonna, bryonia, dioscorea, hepar sulph., mercurius and phytolacca comprise the list. Locally turpentine stupes or lard and turpentine, and later

in cases where there is slow absorption of the exudate ichthyol twenty per cent. in oil or glycerine has been used to advantage. When the bowels were found impacted rectal enemas of water or water and glycerine carried high into bowels by means of the rectal tube or catheter were used. Oil, either castor oil or olive oil, generally with a few drops of turpentine, was used in some cases to remove fecal accumulations from the intestinal tract. The opium treatment I have never used, and the statement of eminent surgeons that opium in abdominal diseases where operations are required increases the mortality from two to six times, convinces me that it should never be used except to ease the pains of dissolution."—*The Clinique*.

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ANTITOXIN AGAIN.—"My experience proves, to my mind, that diphtheria is first a local disease, and only becomes constitutional by absorption of the toxin; and antitoxin favors resolution of the membranes and lessens the absorption of toxins. I consider that I would be wasting your time to quote statistics either from board of health reports, hospital or private practice reports, so in conclusion I wish to say, that I believe there is no more treacherous disease than laryngeal diphtheria, nor one which demands such prompt treatment. And I know of no remedy or treatment that has a record of reducing the death rate of diphtheria one-half except the God-given remedy, antitoxin. I know of nothing so nearly a specific, nothing that acts as quickly. I consider it a proud trophy of victorious therapeutics. I have lost but one case since I began using antitoxin, and I have treated from one to as many as eight cases in many families, with no bad after effects."—*Dr. Norman P. Smith in Clinique*.

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HOW TO PREVENT THE SPREAD OF CONSUMPTION.—According to the "Colorado Medical Journal" the board of health of Brighton, England, suggests these rules to prevent the spread of consumption: "(1) Expectoration indoors should be received into small paper bags and afterwards burned. (2) Expectoration out-of-doors should be received into a suitable bottle, to be afterward washed out with boiling water; or into a small paper

handkerchief, which is afterward to be burned. (3) If ordinary handkerchiefs are ever used for expectoration, they should be put into boiling water before they have time to become dry, or into some disinfectant solution to be ordered by the doctor. (4) Wet cleaning of rooms, particularly of bedrooms occupied by sick persons, should be substituted for "dusting." (5) Sunlight and fresh air are the greatest enemies of infection. Every consumptive should sleep with his bedroom window wide open top and bottom, and during the day should occupy a well ventilated room. Re-breathed air is the main condition favoring consumption. If the patient is warmly clad he need not fear keeping out in any weather. N. B.—The patient himself is the greatest gainer by the above precautions, as his recovery is retarded and frequently prevented by renewed infection derived from his own expectoration. (6) Persons in good health have no reason to fear the infection of consumption. Over-fatigue, intemperance, bad air, and dusty occupations favor the spread of the disease.

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A bill has been introduced in the Denver city council providing for the fumigation and disinfection of all sleeping cars passing through Denver. The bill gives the health commissioner free license in the matter. With proper regulations it is to be hoped the bill may be passed. Too much care cannot be exercised in providing for the cleanliness of all sleeping apartments whether on a moving train or elsewhere.

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FORMALDEHYDE BETTER THAN SULPHUR.—Sulphur is now but little used in Denver for the purpose of disinfecting rooms that have been occupied by persons ill with contagious diseases. Formaldehyde is now being used for this purpose. The same agent will also be used in the 200 receptacles about to be placed in different places in Denver for the reception of Sputum to aid in preventing the spread of tuberculosis.

W. A. B.

# GYNECOLOGY AND OBSTETRICS.

Conducted by S. S. Smythe, M. D.

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## Cysts of the Breast: Their Relative Frequency, Diagnosis, and Treatment.

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To "The Lancet" of April 28, 1900, Bryant has contributed, in a condensed form, the conclusions to which his investigations and clinical experience of breast disease have brought him. The following are the most important:

That simple cysts of the breast are far more common than they are generally believed to be.

That they are chiefly found in woman during the same period of life as that in which cancer is met with.

That they are mostly quite amenable to local treatment without the sacrifice of the breast gland in which they are situated.

That there is no reason to believe that women who have these cysts are more prone to cancer than those who do not have them.

With respect to the diagnosis of these cases there may be a difficulty, and particularly in the case of a middle-aged woman, with a hard, slow-growing lump in her breast, and in whose history there is clearly an absence of the influence of lactation and of any inflammatory breast condition, and the condition of the nipple and soft parts covering the lump are normal.

To decide whether the case be one of cyst or one of early cancer, a careful local examination should be made, with the patient placed flat upon a couch and the breast gland made to rest upon the ribs, when, should the surgeon's sense of touch be keen enough to detect an elasticity in the swelling or even fluctuation, the diagnosis of a cyst may reasonably be hazarded, although what the nature of the contents of the cyst may be cannot be otherwise than obscure. If a clear serous fluid can be made to flow from the nipple by manipulation of or pressure upon the tumor, the probabilities of the cyst being a simple serious

cyst are much enhanced. If the fluid be brown or blood-stained, the existence of an intracystic growth of some kind may be suspected; and if the discharge be more like pure blood the presence of a soft solid growth, sarcomatous or carcinomatous, should be feared. When, however, there is no nipple discharge, as is often the case, and the other conditions are the same, the chances against the swelling being caused by a cyst are not lessened, although the view of the supposed cystic enlargement of the breast being due to the presence of some soft cancerous growth would be encouraged.

To make the diagnosis certain, an exploratory incision should be undertaken. Should the tumor be due to a cancerous infiltration or sarcomatous disease, the breast gland should be removed; the operation being, in these circumstances, undertaken at the period of the tumor's growth, after which the most favorable result may be fairly expected.—*Therapeutic Gazette*.

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### The Treatment of Obstructive Dysmenorrhea.

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Duke ("Medical Press and Circular," No. 3179, 1900) states that mechanical treatment of obstructive dysmenorrhea has so far given the best results. To insure permanent relief the cervical canal must be kept open and the uterus as much as possible in the normal position. Duke has treated a considerable number of inveterate cases by either gradual or forcible dilatation, and in some cases by the cutting operation of Sims, followed directly in all by the introduction of his spiral wire stem, which is worn by the patient when up and about for at least three months, by which time the stem becomes loose and can be removed, insuring a patency of the canal unobtainable by any other means. This stem can be worn with comfort, there being no necessity for a recumbent position except for the first week at most after its introduction. Its flexibility and hinged disk at base keep it in position. In case it becomes blocked it is easily cleared by a sound sinus syringe, but if the wearer follows directions and uses the vaginal syringe or douche regularly every morning on rising, there should be no trouble.

### Formalin in the Treatment of Inoperable Cancer.

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Mitchell ("Medical News"), (from "Brit. Med. Jour."), employed a solution of formalin containing 20 per cent. of formic aldehyde to stop the almost constant hemorrhage from a sarcoma of the cheek. The healthy skin was protected by painting it with a solution of caoutchouc. The solution of formalin was applied on a bit of absorbent cotton, which was covered with gutta-percha tissue to prevent evaporation. The hemorrhage was stopped immediately, and the tumor issue was necrosed for a depth of about a quarter of an inch. The following day the necrosed portion was carefully cut away and the formalin was reapplied. The treatment was repeated daily until the tumor was entirely removed without the loss of a single drop of blood. Injections of the formalin solution with a hypodermic syringe produced an alarming swelling and gave no better result than the external application. There was no suppuration. This method of treatment is simple, produces no shock, and is absolutely bloodless. This formalin has a much more penetrative power than the usual escharotics. As the necrosed tissue is shaved away, an admirable view is presented of the extent of the new growth, and if desired the excised portions can be examined microscopically, as they are already hardened.—*Columbus Med. Jour.*

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"The potency of the remedy is a secondary consideration. The chief thing is the adaptation of the remedy to the characteristic symptoms of the disease in accordance with the rule *Similia similibus curentur*. If that is made out satisfactorily it matters little what "potency" is employed, provided that the medicine is not given so strong as to cause perturbing effects, or so weak as to be incapable of producing a curative action."—*Dudgeon*.

# MATERIA MEDICA.

Conducted by J. W. Mastin, M. D.

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## Acetic Acid.

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Acetic acid antidotes all anesthetic vapors.

The acetic acid patient is irritable, nervous, anxious.

A glassful of vinegar will sober a very drunk person in twenty minutes.

Owens says that acetic acid is the only drug whose provings have developed a typical cancer cell.

Acetic acid is indicated where there is general anaemia; more especially the anaemia of nursing women, where the milk is impoverished and the child does not thrive.

Dilutions of this remedy, up to the 3x, are prepared with distilled water; after that alcohol is used.

Apply hot clothes wrung out of vinegar and water to the region of the bladder, after parturition, for retention of urine.

Brewer, so says Malcolm and Moss Regional and Comparative Materia Medica, *cures* many cases of consumption by inhalations of pure acetic acid and feeding his patients peanuts.

The same authority says: "Dr. Howe, of Atchison, Kansas, claims that the free use of cider vinegar is the best prophylactic for small-pox. Two years ago, during an epidemic of this disease at Lenora, Kansas, Dr. Howe was called to the locality after both physicians of the place had died and a great many of the inhabitants were either very sick or very badly scared. Dr. Howe's claims were well founded, apparently, as but few new cases were reported after the advent of the doctor and his little barrel of cider vinegar.

Dr. W. A. Yingling, of Superior, Kansas, has been experimenting in connection with Dr. W. D. Gorton, with a very old fashioned remedy put in Homeopathic form. He has taken the juice of the peach, pear, plum, and apple, mixed with an equal amount of alcohol, macerated fourteen days, and potentized by

hand to the 200th centesimal potency. Dr. Gorton afterwards potentized the 200th up to the C. M. potency. The key note of this remedy is "sleepy indigestion or somnolent dyspepsia, a state of overwhelming drowsiness." Dr. Yingling has given the name *Succus Fruti* to the remedy, and claims that the results obtained for its use have been very gratifying.

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### Some Headaches.

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*Belladonna*—Headache better from hair hanging down; worse if put up.

*Ephiphegus*—For sick headache brought on by exertion, shopping or any flurrying event in the lives of women. Neuralgia, nervous headache, 3x.

*Lachesis*—Headaches from suppressed or delayed discharges, as also from ovarian and uterine diseases, (Gardiner.)

*Naja*—Menstrual sick headache; pain in left orbital region extending back to occiput, preceded and followed by nausea and vomiting. Intermittent.

*Onosmodium*—Ivens cured a patient of headache of ten years' standing. Dull headache in left eye and in the left temple. At times so sharp as to be almost unendurable. Worse on lying down, and in the dark. Glasses relieve, but *onosmodium* cured.

Consult Malcolm and Moss' Regional and Comparative Materia Medica for fifty different remedies conveniently arranged.

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PHOSPHORUS: CAPILLARY BRONCHITIS.—Dr. Laird, N. A. Journ. Hom.: Phosphorus is almost specific for the hoarse, barking, croupy cough that sometimes remains after the acute symptoms have subsided. In puny, debilitated infants atelectasis does not always disappear with the cure of the original disease. In this condition there is no better remedy than sulphur.

# SURGICAL DEPARTMENT.

Conducted by J. Wylie Anderson, M. D.

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## Indications for Operations Upon the Liver and Biliary Passages.

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Pantaloni's recently issued work upon this subject (*Chirurgie du foie*, etc., Paris) gives, among much other categorical information, the indications for very many procedures of surgical intervention, which indicate the rapid growth of our knowledge upon these subjects.

Puncture of the liver may be either exploratory or therapeutic, the latter being largely restricted to hydatids. Aseptic exploratory puncture is used as a routine diagnostic procedure, being contraindicated only in suspected malignant diseases, in which exploratory laparotomy is to be preferred.

Intrahepatic injection is indicated in the treatment of hepatic abscess and hydatids.

Laparotomy, classified according to locality into parahepatic, transpleural and lumbar, is done both for exploratory and therapeutic purposes. The former is practiced in trauma of all kinds, whether recent or old. The latter has been employed with success in a few cases of cirrhosis, tuberculosis and syphilis, and malignant disease has even been improved by this intervention. *Advanced* cancer however, is usually made worse by laparotomy.

Thermocautery of the liver, however performed, has been employed only to check hemorrhage, in connection with other operations.

The parahepatic tamponade is often employed in connection with laparotomy, as a mode of drainage, whenever the latter is indicated.

Intrahepatic curettage is indicated in abscesses, hydatids and syphiloma, in connection with laparotomy, hepatectomy, etc. Suture of the liver is practiced in trauma, either accidental or operatory, also in hepatopexy, resection, hepatostomy, etc.

Hepatotomy is done sometimes for exploratory purposes alone, with the object of locating deep hydatids, syphilomata, etc. For curative purposes (aside from resection) this operation has been practiced to divide double monstrosities (xiphopagi), and in connection with liberating hydatids.

Hepatostomy is an operation practiced in connection with the treatment of abscesses and cysts of the liver, in order to secure drainage and permit of treatment of the interior wall of the cavity; also to anticipate the extension and internal rupture of the accumulations of fluid.

Partial hepatectomy is done in connection with the treatment of wounds, hernia of the liver, numerous infectious granulomata (syphilis, tubercle, tumors of all kinds.

Hepatopexy is practiced for floating liver.

Hepatic phlebotomy has been done in various congestive and inflammatory affections of the liver and biliary passages.

Radiography of the liver is practiced for suspected gall-stones.

Parabiliary laparotomy is indicated as a step in the numerous operations practiced upon the biliary passages and gall-bladder.

Catheterism of the biliary passages is either exploratory or therapeutic in aim, and is of general applicability.

Injection of the biliary canals is done for the purpose of asepsis in connection with other operative procedures. Under this head the insufflation of air may be mentioned.

Drainage of the biliary passages is done in connection with other procedures, and has for its aim the lowering of the tension of the bile, prevention of infection, and is, in fact, a step of wide applicability.

Cholelithotripsy has been done a few times as a step in the removal of gall-stones.

Simple incision of the gall-bladder, cystic duct and common duct is a step which must be taken in most operations for gall-stones. Lithectomy is a term which denotes the actual ablation of the stone after incision.

Extraperitoneal cholecystostomy is an operative procedure of wide applicability in affections of the biliary passages.

Puncture of the gall-bladder is resorted to only in cases of necessity for exploratory purposes. This manœuvre has not much of a field in therapeutics. Cholecystotomy, on the other hand, is an operation which must be performed in every case of biliary infection, in calculus of the gall-bladder or cystic duct, and in dropsy of the gall-bladder.

Cholecystostomy is one of the best known of all operative procedures about the biliary passages. The leading indication is in biliary infection, with or without the presence of lithiasis, including hypertrophic biliary cirrhosis, angiocholitis and cholecystitis.

Cholecystectomy, or ablation of the gall-bladder, has been done for tumors, including incipient carcinomata, and for persistent biliary fistulæ (in connection with enteroanastomosis), certain traumatisms, inveterate biliary lithiasis, certain advanced forms of cholecystitis, etc.

Cholecystenterostomy (anastomosis of gall-bladder and intestine) is an extensive resource in certain cases of obstruction of the common duct from tumors, calculi and stricture, and in fistula of the gall-bladder.

Dilatation of the biliary passages and plastic operations (cholesyringectomy) are employed in connection with the treatment of fistulæ.

Numerous operations are performed upon the cystic duct in connection with the removal of gall-stones (cysticolithotripsy, lithectomy, cysticotomy).

Cysticectomy, or resection of the cystic duct, has been done in connection with an operation for calculus.

Cysticoenterostomy has recently been performed for obstruction of the common duct.

Many operations upon the common duct have been performed, most of them within comparatively recent years. Explorative duodenotomy for examination of the common duct, choledocholithotripsy, choledocholithectomy and choledochotomy have all been employed for calculi within the common duct.

Choledochectomy and choledochenterostomy have also been performed—the first unsuccessfully, while the latter, in which anastomosis buttons are used, is pronounced to be one of the most delicate and brilliant of all intraabdominal operations.

Operations entirely similar to those performed upon the common and cystic ducts have also been carried out in connection with the hepatic duct (hepaticotomy, hepaticolithectomy, etc.), and upon the dilated biliary radicles (cholangiostomy, etc.); the indications were naturally connected with the presence of calculi, infection, etc.

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### Fistula in Ano.

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By Dr. Crooks. (Medical Monograph.)

1. A careful physical examination of the lungs as well as of the entire rectum is to be made in every case.
2. Pulmonary tuberculosis is not necessarily a contradiction.
3. Do not stop until every sinus has been divided.
4. Remove all diseased tissue; large wounds are not to be feared.
5. Divide the sphincter but once and then at a right angle.
6. Special attention is to be given to the mucous opening.
7. Invasion of the perineum is to be avoided, especially in females.
8. Systematic antiseptics is necessary.
9. Care and patience are required in the after-treatment.
10. In the after-treatment two warnings are to be heeded: Complaints of unusual pain and increase in the discharge. Either of these may mean the formation of another abscess.
11. Hemorrhage and incontinence are the chief dangers. Both are amenable to treatment and should not deter from operation.

### True Cowpox a Manifestation of Syphilis.

W. B. Clarke, M. D., Indianapolis, Ind.

The first writer to explicitly point out the fact that true cowpox is a manifestation of syphilis was Auzias-Turenne, in a paper entitled "Smallpox and Cowpox," communicated to the French Academy of Medicine, September 5, 1865, which was reprinted in *La Syphilization*, and is reproduced in Prof. Crookshank's "History and Pathology of Vaccination" (London, 1889). This classically-presented paper was a critical analysis of the report of the Lyons commission on vaccination, and the words he uses to which I desire to call your special attention, are: "May not syphilis, the type of virulent maladies, present itself under forms sufficiently varied and dissimilar to embarrass the diagnosis of an accomplished physician? Between syphilis and cowpox the analogy may be a long way followed up. The inoculation of cowpox—a malady with a fixed virus sufficiently well named pox of the cow (*verole de vache*)—may, for example, give rise to polymorphic vaccinides, and sometimes to disseminated pathognomonic vesico pustules, just as the contagion of the mucous patch, symptom of a malady with an equally fixed virus, gives rise to various secondary eruptions, and sometimes to the appearance of disseminated mucous patches." And the next year he contributed another masterly paper, showing that cowpox and smallpox were not similar, his resume of the appearances of cowpox making the resemblance manifestly to syphilis.

But Dr. Charles Creighton has done more to illuminate this subject than any other writer. He is a London hospital surgeon (St. George and Charing Cross), demonstrator of anatomy at Cambridge University, and wrote the articles on "Pathology" and Vaccination" in the newer *Encyclopedia Britannica*, and the books "Jenner and Vaccination," 1889, and "Cowpox and Vaccinal Syphilis," 1887. But before taking up Creighton's work in connection with our subject, let me read you Jenner's description of the primary pox in the cow's teats:

"It appears on the nipples of the cows in the form of irregu-

lar pustules. At their first appearance they are commonly of a palish blue, or rather of a color somewhat approaching to livid, and are surrounded by an inflammation. These pustules, unless a timely remedy be applied, frequently degenerate into phagedenic ulcers, which prove exceedingly troublesome."

Let me also read what Jenner says about cowpox communicated to milkers:

"Inflamed spots now begin to appear on different parts of the hands of the domestics employed in milking, and sometimes on the wrists, which quickly run on to suppuration, first assuming the appearance of the small vesications produced by a burn. Most commonly they appear about the joints of the fingers, and at their extremities; but whatever parts are affected, if the situation will admit, the superficial suppurations put on a circular form, with their edges more elevated than their center, and of a color distinctly approaching to blue. Absorption takes place, and tumors appear in each axilla. The symptoms become affected, the pulse is quickened; shivering, succeeded by heat, general lassitude, and pains about the loins and limbs, with vomiting, come on. The head is painful, and the patient is now and then affected with delirium. These symptoms, varying in their degrees of violence, generally continue from one day to three or four, leaving ulcerated sores about the hands, which, from the sensibility of the parts, are very troublesome, and commonly heal slowly, frequently becoming phagedenic, like those from whence they sprung."

These are Jenner's words; do you want a better description of a chancre?

But to return to Creighton. He says, "Jenner and Vaccination," p. 34: "We know now, since the experiments of Ricord, Henry Lee and others, that a sore of the pox proper, or of syphilis, when inoculated on the skin, begins in the same kind of whitish vesicle as the milker's cowpox, and that the classical pox and the cowpox are in that, as in other respects, closely parallel." He describes some of Ricord's syphilis inoculating experiments, and Crookshank, in his "History and Pathology of Vaccination," gives Ricord's plates and compares them with those of cowpox

# MATERIA MEDICA.

Conducted by J. W. Mastin, M. D.

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## Acetic Acid.

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Acetic acid antidotes all anesthetic vapors.

The acetic acid patient is irritable, nervous, anxious.

A glassful of vinegar will sober a very drunk person in twenty minutes.

Owens says that acetic acid is the only drug whose provings have developed a typical cancer cell.

Acetic acid is indicated where there is general anaemia; more especially the anaemia of nursing women, where the milk is impoverished and the child does not thrive.

Dilutions of this remedy, up to the 3x, are prepared with distilled water; after that alcohol is used.

Apply hot clothes wrung out of vinegar and water to the region of the bladder, after parturition, for retention of urine.

Brewer, so says Malcolm and Moss Regional and Comparative Materia Medica, *cures* many cases of consumption by inhalations of pure acetic acid and feeding his patients peanuts.

The same authority says: "Dr. Howe, of Atchison, Kansas, claims that the free use of cider vinegar is the best prophylactic for small-pox. Two years ago, during an epidemic of this disease at Lenora, Kansas, Dr. Howe was called to the locality after both physicians of the place had died and a great many of the inhabitants were either very sick or very badly scared. Dr. Howe's claims were well founded, apparently, as but few new cases were reported after the advent of the doctor and his little barrel of cider vinegar.

Dr. W. A. Yingling, of Superior, Kansas, has been experimenting in connection with Dr. W. D. Gorton, with a very old fashioned remedy put in Homeopathic form. He has taken the juice of the peach, pear, plum, and apple, mixed with an equal amount of alcohol, mascerated fourteen days, and potentized by

King's College. London. And Creighton, in his "Jenner and Vaccination, published the same year (1889) as Crookshank's "History and Pathology of Vaccination," makes Crookshank's closing words, as above, plainer, thus: "Mr. Henry Lee carried his [syphilitic] inoculations through several removes, and in a number of instances got the whole process to end with the scab, just as it does in ordinary inoculation with the pox of the cow's teats,"

In fact, it is because we do not in these later days use true cowpox, fresh from the cow, in all its natural savageness when taken from an old vesiclle or sore, but rather a nondescript, "managed," reduced, attenuated, cultivated, modified, many-times-removed, humanized, glycerinated, commercially-prepared, article, that we do not have serious trouble whenever we vaccinate.

As Creighton says (p. 127, "Cowpox and Vaccinal Syphilis," "Not only in isolated cases, but even in groups of cases, where the syphilis befell a number of infants vaccinated from a common source, doubts have been thrown upon the authenticity of the facts just because that common source could not be shown to have been tainted with the virus of syphilis," and he declares that the phenomena are "due to the inherent, though mostly dormant, *natral history characters of cowpox itself.*" He continues, "As a matter of fact, there are many authenticated cases, some of them fatal, belonging either to epidemics or occurring singly, where rashes, mucous tubercles, marasmus, and the like, have followed primary vaccinal sores, though no complication of venereal syphilis, either actually proved or hypothetically intelligible, but simply because the cowpox, in respect to its original although mostly latent characters, runs on all fours with the venereal pox itself." He then closes his volume thus: "The real affinity of cowpox is not to the smallpox, but to the great pox. The vaccinal roseola is not only like the syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of every-day practice is, to all intents and purposes, a chancre; it is apt to be an indurated sore when excavated under the scab; when the scab does not adhere, it often shows an unmistakable tendency to phagedena. There are doubtless many cases of it where constitutional symptoms

are either in abeyance or too slight to attract notice. But in other instances, to judge from the groups of cases to which inquiry has been mostly directed, the degeneration of the vesicle to an indurated or phagedenic sore has been followed by roseola, or by scaly and even pemphigoid eruptions, by iritis, by raised patches or sores on the tonsils and other parts of the mouth or throat, and by condylomata (mucous tubercles) elsewhere. \* \* \* A careful and unbiased survey of the facts has convinced me of the fact that cowpox sores must be credited with a power of producing secondary symptoms, not because they have the contamination of venereal pox in them, but because their nature is the same as, or parallel with, that of the venereal pox itself."—*Medical Advance*.

## FROM THE SAME ADDRESS.

The verified cases in which syphilis has been inoculated, via the practice of vaccination for the prevention of small-pox, are innumerable. One of the latest notable published cases of this kind, in which a family of eight persons were thus afflicted, is reported by Dr. W. S. Gottheil, the New York syphilologist and cancer expert.

I now hold in my hand a manuscript from Dr. Hubert Boens, of Brussels, Belgium, government physician, superintending physician of the prison of Charleroi, the second sentence of which begins thus: "I have collected, both in the prison of Charleroi as well as among my patients outside, in sixteen years, a considerable number of cases, more or less grave, of a syphilitic character, exclusively due to the inoculation of the Jennerian vaccine. To the 700 minute observations of this kind which I have in my notes, some of which I have published in different pamphlets, I must now add two recent ones."

The testimony before the British Royal Vaccination Commission, recounted disasters from vaccination, some syphilitic, notably the Motte aux Bois, France, of 1889, in which forty-three children were syphilized, and the Morbihan, France, of 1886, in which more than thirty were so affected; these being part of four hundred and fifty cases testified to before the commission. Dr. Jonathan Hutchinson's cases, of England, are also cited. In

Dr. G. W. Winterburn's excellent book, *Vaccination* (Phila. 1886), is a chapter on vaccinal syphilis, chronologically presented, with the statement that about nine hundred cases had then been reported. One notable case was the syphilization, in 1880, of fifty-eight French recruits of the Fourth Zouaves, in Algeria, and in another case eighteen school girls were so infected at Lebuns, a sub of Frankfort on the Oder, and with animalized vaccine lymph obtained from the official royal establishment. *Pepper's System of Medicine*, volume I, gives two pages to the subject of vaccinal-syphilis, in an article written by Dr. Frank P. Foster, editor of the *New York Medical Journal*, emphatically affirming the danger of transmitting syphilis by vaccination, and referring to disasters and observers not mentioned by me at this time.—*Mod. Med. Science*.

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### Ice for Nausea.

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A physician advances the theory that the distressing sensation of nausea has its seat in the brain and not in the stomach, and that relief may be obtained by cooling the base of the brain. He claims to have tested this often and thoroughly in the case of sick headache, bilious colic, cholera morbus, and other ills in which the nausea is a distressing symptom, without a single failure; also, that he once relieved the nausea resulting from cancer of the stomach by the application of ice to the back of the neck and occipital bone. The ice is to be broken and the bits placed between the folds of a towel. Relief may be obtained by holding the head over a sink, or tub, and pouring a small stream of water on the neck. This is worth remembering, as a relief for sick headache, to which so many are subject.—*Ex*.

# THE CRITIQUE.

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SAMUEL S. SMYTHE, M. D., EDITOR.

J. WYLIE ANDERSON, M. D., Business Manager.

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## EDITORIAL COMMENT.

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### The Lesson of the Census.

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Denver, in common with numerous other cities, is finding fault with the U. S. Census Commissioner for not giving her a population in accordance with her own estimate. However, figures won't lie in this instance any more than in some others when put to honest enumeration, and so we shall be obliged to accept our 133,859 as the sum total of Denver's population.

Speaking of figures and their veracity, it is interesting to note those of our City Health Commissioners during the last decade. In 1890, the Census gave Denver a population of 106,713, and on this basis the health office report for that year shows a death rate per thousand per annum of 24.40. In 1891 the Commissioner had increased the population to 113,874, with a death rate per thousand per annum, of only 19.18. In 1892, he had increased our numbers to 120,000 and gave a death rate of 14.83. From this time on our population steadily increased, according to the health officials, and the deaths as steadily diminished until now the report for 1900 shows a death rate of 9.60 per thousand per annum.

Our Health Commissioner has used every opportunity to impress upon the people the important work of the health office, and every year demanded larger appropriations, using as an argument that, through his efforts the mortality rate of the City was being reduced below the minimum of other cities of the same

class. In order to further impress this claim on the attention of the taxpayers, he has issued monthly a comparison with 25 other cities, showing that Denver's death rate was among the lowest in the list.

Of course this proved very gratifying to the loyal Denverite, and much was made of it by our Board of Trade, the Chamber of Commerce and various other organizations, as well as many public-spirited individuals who desired to let the world know all about Denver's claims to greatness.

Notwithstanding the fact that Colorado has become the Mecca for invalids of all kinds, the records showed that our death rate was growing beautifully less year by year; that the City of Denver was phenominally healthy and that the average of life in the far west was constantly augmenting.

For ten years our politico-medical health officials have been deceiving us for the purpose (aside from magnifying their own importance) of squeezing more money out of the treasury than the facts or the value of their services warranted.

However, since Uncle Sam has taken it into his head to tell us the truth about Denver's population, we may as well be honest and tell the truth about ourselves.

In the official monthly report of the health department for July, 1900, (the latest issued,) which is based on an estimated population of 175,000, the death rate per thousand per annum is given as 9.60 for 1900. The recent census gives us an actual population in round numbers, of 134,000, which makes the real mortality 17.64 per thousand.

"An honest tale speeds best, being plainly told."

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### Medical Imperialism.

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The tendency of Boards of Health in this country to go beyond their legitimate spheres and trespass upon the rights of the medical profession and of the people, is becoming every day more manifest and more annoying.

The duties of health officials should be confined strictly to

such general sanitary measures as are calculated to conserve the health of the community as a whole. In doing so, they also conserve the health of the individual, but beyond this the relation of the official to the individual should not go.

Instead of holding to this natural and intended field of health board duty, what do we see? Everywhere there is a disposition on the part of health officials to encroach upon the legitimate work of the physician and to interfere directly with the rights of the people as individuals. Not content with looking after general sanitary conditions which have been intrusted to them by the community which they are supposed to serve, they at once become autocrats and attempt to regulate the practice of medicine and to dictate to the people the kind of medicine they shall take.

So obnoxious is this feature becoming in Denver, that it is time for the profession to adopt vigorous measures to restrain these officious officials and thereby protect ourselves and our patients from unwarranted interference.

Boards of Health have a legitimate field of usefulness, and in that field they may do great good to the community, but it is no part of their duty to direct the work of the medical profession. To do so is an outrage and an insult which should be rebuked and resented by every practitioner in the city.

Take this for an example of paternalism on the part of our health department: An order was recently issued that all school children must be vaccinated, or they would not be permitted to attend the public schools. Very well. Grant that this order, for the sake of argument, was justified, and that the children should be vaccinated. Who is to do the vaccinating for the people? Naturally the family physician would be expected to do the work, as a part of his regular practice. But the health officials do not see it that way, and accordingly they offer to vaccinate everybody gratuitously (?). All are requested to go to the City Hall and be vaccinated free of charge.

Considering the immense amount of time required to accomplish this wholesale vaccination, it is apparent that there

must be a graft somewhere. Just what this is, we are not prepared to say, nor do we care to know.

It is time the rotten political methods of the Denver Health Office were abrogated. The city was never in a worse sanitary condition than at this time. The streets are not cleaned and the alleys are vile. The money appropriated is sufficient for all legitimate purposes of sanitation, if properly expended, but so long as political grafters are permitted to fill the offices no improvement need be expected.

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### The State Society.

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The annual meeting of the State Society will be held in Denver at the Brown Palace Hotel, October 4th and 5th. The secretary has gotten out a handsome program, giving a complete outline of the work for this year. It is expected that reduced railroad rates will be available at that time, and it is hoped this and other inducements will be the means of securing a large attendance from outside the city. The meeting this year ought to be the largest and best ever held. President Enos and Secretary Clarke are doing everything possible to make it a success.

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Denver's Health Commissioner has again shown his contempt for the medical profession by instructing the school superintendents not to accept certificates from attending physicians in cases of contagious diseases. This function he reserves exclusively to himself, although he has no personal knowledge of the individual cases whatever. He apparently assumes that the attending physicians are not capable of deciding when the child has sufficiently recovered to be safely returned to the school; or else he deliberately insults them by assuming that they are all dishonest. Which is it?

## Missouri Valley Homeopathic Medical Association.

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The annual meeting of the Missouri Valley Homeopathic Medical Association will be held in Kansas City, Missouri, Oct. 2nd, 3rd and 4th.

This "End of the Century Meeting" promises to be of exceptional interest, and all physicians are cordially invited to attend.

Many of the best men of the Missouri Valley will present papers and discussions on timely topics.

Reduced railroad rates are assured on all lines entering Kansas City, and the local arrangements will be satisfactory.

The completed program, and full announcements will be issued in due season.

If any person interested fails to receive one, he should address the secretary, Dr. H. W. Westover, St. Joseph, Mo.

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## Notes and Personals.

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W. D. Rockafeller, the multi-millionaire, is said to be starving from dyspepsia.

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Dr. A. J. Anderson, of Lawrence, Kansas, son of Dr. S. B. Anderson of Denver, has been visiting his father.

The Denver Presbytery are considering the founding of a Presbyterian hospital in Denver.

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Dr. H. K. Dunklee with his family was a recent visitor at Deansbury and Dow Center, for recreation and rest.

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Denver's dog house, with gas tank attached for the asphyxiation of canines, has been pronounced the best in the world.

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Representative Shaffroth, in advocating a Soldiers' Home for Denver showed the death rate of the city to be less than that of any other city of its size in the Union.

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At the home for Consumptive Soldiers at Fort Bayard, New Mexico, there are 47 patients. The Home is in a healthful locality at considerable altitude, where the air is pure and dry, and the patients are said to be doing well.

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Glass bricks are used in the building of operating rooms. The bricks are made hollow, admit considerable light and little sound, and obstruct all view. They are moreover very neat and may be easily kept aseptic.

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Dr. J. Davis, of Ottawa, Kansas, has been making a tour of the west going as far as Salt Lake City. On his return he spent ten

days with his old friend, Dr. S. B. Anderson, 1105 Broadway, Denver.

Dr. J. D. Davis, of Cincinnati, Ohio, son of Dr. J. Davis, of Ottawa, Kansas, has been enjoying the cool breezes of Colorado. While in Denver he was a guest of Dr. S. B. Anderson.

In the vicinity of Sidney, Anstralia, there have recently been over thirty cases of the Bubonic Plague and more than half died. The onset of the disease was generally very sudden, and most of those who did not recover died during the first two or three days.

According to the recent census, Denver has one licensed physician to every 330 of its inhabitants, to say nothing of a large number Christian Science healers, Spiritualists, Osteopaths and others who eschew the use of medicines.

At the recent meeting of Woodmen in Salt Lake City, Dr. Lillian Pollock of Denver was elected Grand Manager of Women of Woodcraft for the term of four years.

### Book Reviews.

STUDIES IN THE PSYCHOLOGY OF SEX.—The Evolution of Modesty.—The Phenomena of Sexual Periodicity.—Auto-Erotism. By Havelock Ellis. 6 $\frac{3}{8}$  x 8 $\frac{7}{8}$  inches. Pages xii-275. Extra Cloth, \$2.00, net. Sold only to physicians and lawyers. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

We cannot better outline the character of this interesting book than to quote the following from the author's preface:

"The present volume contains three studies which seem to me to be necessary *prolegomena* to that analysis of the sexual instinct which must form the chief part of an investigation into the psychology of sex. The first sketches the main outlines of a complex emotional state which is of fundamental importance in sexual psychology; the second, by bringing together evidence from widely different regions, suggests a tentative explanation of facts that are still imperfectly known; the third attempts to show that even in fields where we assume our knowledge to be adequate a broader view of the phenomena teaches us to suspend judgment and to adopt a more cautious attitude."

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS.—A Manual for the use of physicians, surgeons, and students. By Charles W. Purdy, LL. D., M.D., Queen's University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affec-

tions of the Kidneys"; also of Diabetes: Its causes, Symptoms, and Treatment." *Fifth Revised and Enlarged Edition*. With numerous Illustrations, including Photo-engravings, Colored Plates, and Tables for estimating total solids from Specific Gravity, Chlorides, Phosphates, Sulphates, Albumin, Reaction of Proteids, Sugar, etc., etc., in Urine. 6 x 9 inches. Pages xvi-406. Extra Cloth, \$3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

The rapidity with which the editions have followed each other, is perhaps the best evidence of the merit of this valuable work. There has been no field in medicine where the need of a comprehensive text and reference book has been so much felt as in this branch; and Purdy's Practical Urinalysis and Urinary Diagnosis better meets this need with each new edition.

The chemical department has been revised and several quantitative methods added, especial attention being given to the determination of albumin. The range of centrifugal analysis has been extended by the addition of several chapters on this subject, together with table for quantitative determination of the various solids. A chapter on the microscope, its care and use in urinalysis is one of the valuable additions, and with the previous illustrations of anatomical sediments, furnishes a valuable reference work for the busy practitioner.

C. E. T.

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## Mania a Sero.

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The "London Practitioner" for March, 1900, says:

"This remarkable affection does not attack the patient, but the physician, and the symptoms are particularly severe in those who themselves make the serum. The victims of seromania suffer from extraordinary delusions, under the influence of which they appear bereft of the power of judgment, and mistake their own fancies for facts. It is only on this hypothesis that one can explain the amazing statements made in all good faith by men whose scientific training should have made them capable of seeing things as they really are.

"Already we have a serum for nearly every known disease. Each of these, we are assured—by its discoverer—is all but infallible. The announcements are painfully like some of the reports of 'great British victories,' of which we have lately had more than enough. Having in imagination vanquished the *orbis veteribus notus* of disease, it was natural that our bacteriological Alexanders should look for fresh worlds to conquer.

"So one fine day the public is thrilled by the intelligence that Professor Metchnikoff has abolished old age. Like all great dis-

coveries it is delightfully simple: You renew the youth of the several organs of the body by injecting a special serum obtained, it would appear, from the corresponding organ of a guinea-pig, and, lo! the frost of old age is thawed to the genial spring of youth. It is true there are still one or two trifling difficulties to be overcome. Some of the serums required have not yet been found, but we read that the Professor's entire section at the Pasteur Institute is working at the problem, and the solution will doubtless be announced before long. So we may all look forward to undergoing a Faust-like transformation when cruel age has clawed us in his clutch—if the supply of guinea-pigs does not give out before all the serums are discovered. Luckily they breed fast enough to insure a sufficient supply of the new Pentacle of Rejuvenescence for all.

"Old age being disposed of, obviously the next thing was to attack vice. If people cannot be made sober by act of Parliament, it is still worth while trying whether they could not be made so by serum. It was announced some time ago that an ingenious American doctor had got out of a horse, previously subjected to systematic drugging with whiskey, a serum which, injected into the most inveterate drunkard, at once made him fit to be an ornament of the Blue Ribbon Army. Quite lately a similar method has been employed by some French experimenters with the most brilliant results. So there is a prospect of the drink problem being solved by serum. But the publicans need not think their occupation is gone, for as horses have to be made drunk that men may be kept sober, there will still be a brisk demand for whiskey.

"From drunkenness to each of the other deadly sins is but a series of steps which the enterprising bacteriologist will take in his stride; only, as some of the vices cannot be inoculated in animals, human subjects will have to be employed. It will doubtless be a comfort to old sinners to be of some use to their kind before they depart this life by furnishing serum that will serve to produce immunity from their vices in others."

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### The Subcutaneous Injection of Gelatin in the Treatment of Hemorrhages.

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In "La Semaine Medicale," of March 14, 1900, we are told that Pensuti, one of the physicians to the Hospital of Rome, has employed these injections in the treatment of the conditions which we have named in the title given above, following of course the suggestion of the French therapeutists that these injections be employed in the treatment of aneurism for the purpose of increasing the coagulability of the blood. According to Pensuti,

he has found that these injections are advantageous in those cases in which multiple hemorrhages occur in the skin, about the joints, in the digestive tube, in the respiratory passages, and in the kidneys, and also for the purpose of controlling the bleeding in chronic dysentery. It will be remembered that the quantity usually employed is 18 grains of gelatin and 18 grains of common salt, to the ounce of water, injected hypodermically. Of course, the injection must be carefully sterilized by heat before it is employed.

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### Aortic Aneurism Treated by Gelatin Injections.

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Geraldini (*Gazetta degli Ospedali*, Feb. 4, 1900) records four cases of aortic aneurism treated by subcutaneous injections of a two per cent solution of gelatin. The injections caused a little temporary burning, which, however, soon passed off; no ill effects were observed. In the first case (innominate aneurism) forty-five injections were given, with the result that the neuralgia and dysphagia completely disappeared; pulsation ceased in the tumor itself, which became much smaller. The patient was on ordinary diet, and not kept strictly lying down. The second case (aortic aneurism) had sixty injections between April 1 and June 7, 1899, and left the hospital on June 20 very much relieved. After the twenty-ninth injection some slight albuminuria was noted, so the injections were suspended for four days. The third case (aneurism of the arch of the aorta) had forty injections, and was so much relieved that he refused to go on with the treatment, and left the hospital. In the fourth case (abdominal aneurism) similar relief was given. The gelatin becomes absorbed and increases the coagulability of the blood. The beneficial results are seen in the gradual diminution and final disappearance of the subjective symptoms and the lessening in size and pulsation of the aneurismal sac.—*British Medical Journal*, March 3, 1900.

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### Things to Remember.

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THE CRITIQUE has the largest circulation of any medical journal published west of the Missouri River. Hence it is the best medium through which to advertise.

MAL-NUTRITION.—“Dr. — reports case of a child of four months; very much reduced; unable to retain any food. Put it on Panopepton, ten drops four times a day and twice at night. It commenced improving at once. Continued Panopepton two weeks. It came out in good shape and was then put on regular feeding.”

A PRECISE ANSWER.—“Now,” said lawyer Gilbrath, of Erie, who was questioning a witness, “I want you to answer precisely every question I ask you. Will you do it?”

“I will, sir.”

“Now, what business do you follow?”

“I’m a driver, sir.”

“That is, you drive a wagon?”

“No, sir, I do not.”

“Why, sir, did you not tell me so this moment?”

“No, sir, I did not.”

“Now, sir, I put it to you on your oath, do you drive a wagon?”

“No, sir.”

“What is your occupation, then?”

“I drive a horse.”

“Coca” has maintained its reputation as a powerful nerve stimulant, being used with good results in nervous debility, opium and alcohol habit, etc. The highly variable character of the commercial drug makes it uncertain however. Robinson’s Wine Coca we believe to be a uniformly active article, it being prepared from assayed leaves, the percentage of Cocaine being always determined by careful assay.

THE CRITIQUE is in receipt of a pamphlet on Neurasthenia by Amos Given, M. D., superintendent and proprietor of Dr. Givens Sanitarium, Stamford, Conn., which was read at the meeting of the A. I. H. held at Washington, D. C., June 22nd, 1900, which treats the subject in a very thorough manner.

To be prepared for business send at once to Geo. L. Warren & Co. for a complete set of De Puy’s Adjustable Fiber Splints. They will last you a life-time, and are always ready for use. (See ad., page vi.)

AN INGENIOUS CLIENT.—“I want to engage your services,” said an Arkansas man to a lawyer.

“All right, sir, be seated. What is the case?”

“There’s a man in my neighborhood called Alex. Hippen. I want you to prove that he stole a saddle.”

“Did the saddle belong to you?”

“No.”

“But then you are the prosecuting witness?”

“No, I don’t propose to have anything to do with the case.”

“Then why do you want me to prove that Hippen stole the saddle?”

“You see, I stole the saddle myself, and if I can prove that Hippen stole it, I’m all right.”

“Ah, I see. We’ll fix that. Of course we can prove that he stole it.—*Opie P. Read.*”



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INTELLIGENT JUROR.—“Ah” said a Louisiana lawyer to a clay-eating white man from the hills, what brought you to Like Providence?”

“‘Why, sir,’ said the countryman,” I am fotchen here as a *jury*, and they say if I go home they will have to *find* me, and they mout’t do that, as I live a good piece.”

“‘What jury are you on? asked the lawyer.

“‘What jury?’

“‘Yes, what jury? Grand or traverse jury?’

“‘Grand or travis jury? dad fetch it if I know.’

“Well said the lawyer, ‘did the judge charge you?’

“‘Well, squire,’ said he, ‘the little fellow that sits up in the pulpit and kinder bosses it over the crowd gin us a talk, but I don’t know whether he *charged* anything or not.’

“The crowd broke up in a roar of laughter, and the sheriff called court.”

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Fellow’s Syr. Hypophosphites has been before the public for thirty years. “Time but the impression stronger makes”—the virtues grow with age, with this ideal tonic. Sold only to the medical profession. Read all about it on page vi.

Doctor, kindly compare THE CRITIQUE typographically with other medical journals, and when in need of first-class printing, remember that John Dove is an artist in his line, and will treat you on the square. (See ad. on page iii., this issue),

“When collapse calls for instantaneous blood supply”—try Bovinine by sub-cutaneous injection of one part to two of neutral salt solution.

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For literature or information write to The Argol Co., Danbury, Conn. Adv. on page xvi.

Doctor May, Bloomington, Ill., will tell you how to cure Goitre. Further information obtained on page xv.

Why pay three prices for abdominal supporters, elastic stockings and elastic trusses, when by consulting G. W. Flavell & Bro. (adv. page xi.) you can learn of prices highly satisfactory.

SMARTER THAN HE LOOKED.—"William Look! Tell us, William, who made you?" said Lawyer Thompson, of Little Rock, to a half-witted witness.

William, who was considered a fool, screwed up his face, and looking thoughtful and somewhat bewildered, answered, "Moses, I suppose."

"That will do," said Lawyer Thompson, addressing the court. "Witness says he supposes Moses made him. That is an intelligent answer; more than I thought him capable of giving, for it shows that he has some faint idea of Scripture. I submit it was not sufficient to entitle him to be sworn as a witness capable of giving evidence.

"Mr. Judge," said the fool, 'may I ax the lawyer a question?"

"Certainly," said the judge.

"Well, then, Mr. Lawyer, who do you suppose made you?"

"Aaron, I suppose," said Lawyer Thompson, imitating the witness.

After the mirth had somewhat subsided, the witness drawled out: "Wall, now; we do read in the Book that Aaron once made a calf, but who'd a thought the critter had got in here."

The judge ordered the man to be sworn.

TREATMENT OF CANCEROUS CACHEXIA. Lawrence ("The Medical Brief," April, 1900) gives as the best treatment for cancer and the cachexia attending it, teaspoonful doses of Echthol four times daily in conjunction with alternative doses of iodide of arsenic. The latter should be administered in doses ranging from one-sixtieth to one-thirtieth of a grain three times a day and continued for a long period. Echthol contains the active principle of thuja which is accorded specific value in cancer. The treatment outlined is aimed to cause absorption of the cancerous tissues.—*Medical News.*

# THE CRITIQUE.

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VOL. VII.

DENVER, COLO., OCTOBER 15, 1900.

NO. 10

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## Scientific Medicine.

Address of C. W. Enos, M. D., President of the State Medical Society, October 4, 1900.

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Theoretical and practical medicine, when practiced according to the law of "*similia similibus curantur*" is the grandest of all sciences and the noblest of all arts. So extensive is the field of medicine, and so intricate are the problems in the theory of disease, that there is no royal road to its sublime heights. In order to treat the simplest disease successfully it is necessary to spend considerable time and energy in studying the human body, the nature of disease and the action and effect of remedies upon the healthy organism. In order to prove that Homeopathic therapeutics is a scientific law of cure it will be necessary for us to get a clear idea as to what we mean by science, and compare the law of "*similia*" with it and see if it will stand the test. Webster says "science is accumulated and established knowledge which has been systematized and formulated with reference to general truth." This is exactly what Hahnemann did. He accumulated, established, systematized and formulated the truth of the law of Homeopathy by experimenting upon himself and others with certain remedies, noting carefully their action which was manifest from the symptoms produced from time to time. He then prescribed the remedies to patients whose symptoms were similar to those produced upon himself and others. He invariably found that a remedy would cure symptoms in the sick similar to what they would produce upon the healthy person. In this way he accumulated, systematized and formulated a knowledge, which Webster says is science. The therapeutic hints and truths Hahnemann established are as true to-day as they were when written a century ago.

Chambers' Encyclopedia says : "Science in its widest significance is the correlation of all knowledge, and to know a truth in relation to other truths is to know it scientifically." This is precisely what we find in the law of Homeopathy—correlation of all the symptoms of the patient and the symptoms produced upon the healthy organism by the action of a remedy. To know this truth is to know it scientifically. In the Century Dictionary we find the definition : "Science is knowledge gained by systematized observation, experiment and reasoning." Again we find that Hahnemann gained his knowledge of the Homeopathic law of cure by systematized observation, experiment and reasoning. Johnson's Encyclopedia says that "science is knowledge reduced to order, that is, knowledge so classified and arranged as to be readily referred to and advantageously applied." This corresponds with what Hahnemann did. He classified and reduced the knowledge he gained in medicine to order so that it could be readily applied. We have thus far had four of the greatest unquestionable authorities in the world upon the witness stand, and their testimony all agrees as to the definition of science. We further find that the Homeopathic law of cure, discovered by Hahnemann, when compared with these standard authorities, is thoroughly scientific. Therefore the physician who prescribes homeopathically is a scientist and is practicing medicine in a scientific manner. Hahnemann, as well as his followers, have discovered that a remedy acts similarly upon every healthy organism, although it may act more violently upon one person than upon another, according to the susceptibility of the individual. For example, the provers of *Bryonia Alb.* all experienced pains that were worse on motion, and better by rest; aggravated by heat and relieved by cold. The action in the main was similar. One was not relieved by being quiet and another made worse by motion, etc. Also the provers of *Rhus Tox.* had rheumatic pains which were always better by motion and worse when at rest; aggravated by cold and ameliorated by heat. Some were not better by rest and others made worse by motion, but all were similarly affected.

Thus we see that there is a scientific truth running through

the action of all remedies as well as the symptoms manifested in disease. Hahnemann, guided by the unerring scientific therapeutic rule he had discovered, fixed upon the remedies which should prove curative in cholera, that was raging in the confines of Europe, long before it had reached Germany. Not only does the scientific law of Homeopathy admit of the condition of prevision but of retrovision as well. Hear what Dr. Hawks, of Chicago, said a few years ago in his opening clinical lecture before the students of Hahnemann Medical College: "Homeopathy being a science under a rational law, the physician knowing all the knowable of his profession takes each step with as much assurance and confidence as does the practitioner of any other science." He said in proof of the claim that Homeopathy is a science, "I will undertake, as the patients are brought before us to-day, to tell the remedy that has been prescribed in each case when the patient has been positively benefited without my having had communication with the patient or house physician in regard to the disease or the remedy. I will also undertake to indicate the remedy which has not been prescribed in curable cases, where no improvement has resulted." Homeopathy is a true science. The demonstrations and provings of the law for one hundred years and more have not disturbed the basis "similia," but on the other hand have confirmed the scientific truth of "similia similibus curantur."

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### The Relation of Homeopathy to Gynecology.

Address by S. S. Smythe, M. D., before the Colorado  
State Medical Society, October 4, 1900.

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MR. PRESIDENT, LADIES AND GENTLEMEN:

In view of recent medical history in this country it is gratifying to be able to state that gynecology has come to mean something more than "pelvic surgery." Important as surgery is for the relief and cure of many abdominal afflictions, it is no longer paramount in the treatment of diseases peculiar to women. But a few years since, women suffering from pelvic disease were imbued with the idea that in surgery alone lay the means of relief from

their sufferings. So strongly was this view impressed upon the public mind by the profession that medical treatment became a secondary consideration, and the advice of the physician as such was seldom sought. Surgical gynecology was the fad of the hour and gynecological therapeutics suffered the greatest neglect. This was especially true in the allopathic school, but like all fads had its influence upon our own school, and much bad and unnecessary surgery was done by homeopathic surgeons, but never, I am glad to say, to the extent witnessed in the old school.

Like all fads, however, this one had its limitations, but its real status was not discovered until after many thousands of healthy ovaries had been sacrificed, many lives destroyed, and many estimable women rendered miserable and unhappy for the rest of their days. For it is now recognized as true, by all careful observers, that the removal of healthy ovaries has a most deleterious effect upon the future mental and physical welfare of every woman upon whom it is practiced. I refer especially to ovariectomy, because that has been one of the most common surgical procedures for the relief of all sorts of real and imaginary conditions of which women are wont to complain. But the ovaries were not the only pelvic organs to run the gauntlet of mutilation or destruction. Many healthy uteri were sacrificed with equal disregard for the physical or psychical effects that might follow on the heels of the operation. No degree of emasculation or evisceration was too great for the up-to-date surgeon of ten years ago.

How many of us have heard it gravely argued that the womb simply became a useless appendage after the removal of the ovaries; and, *per contra*, that the removal of the uterus rendered the ovaries valueless and unnecessary to the health and happiness of the woman. Accordingly it was a common practice with many surgeons when removing the uterus to always include the ovaries in the operation, even though they presented not the slightest evidence of disease. I recall now the oft-repeated remark of one of our most brilliant operators, that he had never been able to learn what constituted a healthy ovary, and accordingly felt justified in removing them whenever opportunity offered.

We wonder now that such a false philosophy and such perversion of physiology could ever have taken so firm a hold upon an intelligent profession.

It cannot be said that, as a rule, this crusade against the pelvic viscera of women was carried on with malice prepense by the operators. We all know that some avaricious and unscrupulous surgeons took advantage of the prevailing sentiment to ply their trade for personal gain only, yet it must be admitted that the majority of our surgeons believed they were acting entirely in the interests of their patients.

While it is to be regretted that many lamentable mistakes were made, we cannot ignore the fact that out of it all there has come some compensatory benefits. Though many women have suffered much at many hands, the offense is somewhat condoned by the acquisition of a better understanding of pelvic disturbances, a broader knowledge of utero-ovarian functions, and, most important of all, the conviction that the conservation of the ovaries is of prime importance to every woman's health and happiness.

The first to protest against this extravagant application of surgical methods in pelvic disorders were some of our leading homeopathic surgeons. The successful use of homeopathic remedies in the treatment of uterine and ovarian disease soon convinced the members of our school that surgery was not first in importance, and this had more to do with changing the current of opinion than any other one factor. Women have come to understand that surgery is a question of secondary consideration, and that in many of their most serious ailments a faithful adherence to well directed homeopathic treatment promises the most certain and lasting relief.

The ovaries are no longer sacrificed except for most cogent reason, and diseased uteri are given the benefit of careful medical treatment before being condemned to the more radical measure of complete obliteration.

Though the success of homeopathy in the treatment of pelvic diseases has greatly narrowed the field of pelvic surgery, it has also modified and improved it. Pelvic therapeutics must now

be considered of first importance, and surgery a necessary adjunct to successful and complete gynecological practice.

Ovarian, uterine and pelvic inflammations are not now considered primarily surgical diseases, but should first receive the benefit of scientific medical treatment, failing in which the condition may become one for the surgeon. Ovaritis, metritis, parametritis, salpingitis, etc., are not surgical diseases in the beginning, and most of these inflammations can be relieved and cured by homeopathic medication. So also, many chronic conditions of the womb and ovaries can be more safely managed by the physician than by the surgeon.

We must not fail to recognize, however, that there is a limit to medical treatment, and that for this and other reasons there are many pelvic troubles which are purely surgical, and in surgery alone is relief to be obtained.

It is of the highest importance, therefore, that we should be able to determine the true scope and limitations of pelvic therapeutics, and to know when the aid of a surgeon is demanded. No one is so well prepared to draw the line and determine these questions as the homeopathic gynecologist. He knows the power and scope of his remedies, and is best able to fix upon the time for surgical interference.

A strong parallel is found in the history of appendicitis, wherein homeopathy has done grand service to humanity. It is not long since that appendicitis was declared by the old school to be a purely surgical disease, and that view is still promulgated by some old school surgeons.

Homeopaths, as a rule, repudiated this doctrine, and the success of homeopathic treatment in the disease has gone far to convince the public, at least, that appendicitis is not primarily a surgical condition. Denver's surgical record in this disease is noted for its failures, and reflects no credit upon the art of surgery.

I have been at some pains to look up this matter in Denver, and find that while homeopathic physicians treat a large number of appendicitis cases, they seldom find it necessary to operate in any stage of the disease, and their mortality rate is exceedingly

small. Our experience all goes to show that the early inflammatory stages of appendicitis generally yield to homeopathic remedies, and further trouble is averted in the majority of cases.

The gynecologist of to-day must recognize the importance of both medical and surgical treatment. They should go hand in hand, in order that his work may be full and complete. Each is the complement of the other. The physician who does not practice surgery should be familiar with pelvic pathology and surgical indications, that he may know when he has reached the limit of therapeutics. The pelvic surgeon, on the other hand, should be thoroughly versed in the homeopathic treatment, for by its aid he will be enabled to accomplish the greatest good to his patients.

The boast of some surgeons that they give no medicine is a species of vanity that should be repudiated by the profession.

He who ignores the value of homeopathic remedies in surgery becomes a mere mechanic—an artisan—and creates a barrier to the greatest possible success.

Pelvic surgery has made steady progress during the past decade; the record glows with great accomplishments, but after all it must always hold a position secondary to that of pelvic therapeutics. Its scope is narrow and limited when compared to the great and growing field of medicine.

Few of us have stopped to consider what a vast influence homeopathy has wielded in the practice of gynecology. Many conditions formerly considered incurable by our old school friends readily yield to good homeopathic treatment. At all times conservative and safe, it has been found especially beneficial in the diseases peculiar to women; and the end is not yet. Greater triumphs are in store for him who devotes his time to the study of homeopathy in its relation to gynecology. The field is a large one, the demand is equally great, and the reward will be commensurate with his devotion to this important work.

# THEORY AND PRACTICE.

Conducted by W. A. Burr, M. D.

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## Quinine in Periodic Fevers.

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Dr. Conrad Wesselheft, in treating cases of fever returned in the Spanish War, omitted all medicine for from three to five days, studying well the temperature curve until the exact type of the fever was ascertained. In some of the cases it became necessary to have the temperature taken every two or three hours. He also tested the blood for the plasmodium malaria, and found no real apyrexia except in cases where these germs were present.

In the typhoid cases he found rhus and arsenic indicated, besides belladonna, gelsemium and other remedies. In the cases of true malaria he found a small variety of remedies indicated, of which he mentions china, arsenic and nux vomica. But the china or the sulphate of quinia he found to be the most important remedy. Under this the plasmodium would disappear and all the symptoms improve. He says: "My whole method can be summed up in a few words: Find the fever-fall point and give one grain of quinine every six hours, and you will find that in a large number of cases the paroxysm will not return." He thought that not an excessive dosage, and it surely worked well. He has experimented upon himself with this drug, taking a grain each night and morning, and he found no bad results from it. On the contrary he was altogether better for it. And now he makes frequent use of this remedy in malarial cases characterized by marked apyrexia.—(Abridged from *The New England Medical Gazette*.)

W. A. B.

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DEATHS FROM HEADACHE POWDERS AND OTHER QUACK NOSTRUMS.—The *Pennsylvania Medical Journal* for December, 1899, says editorially that a number of instances of fatal results following the use of headache powders have, during the past few months, been noted in the lay press. While these cases have not all been verified, some deaths at least were undoubtedly due

to the cause assigned. About a year ago a young woman of Philadelphia died a few hours after taking one of these powders, which, on subsequent examination, were found to consist of five grains of acetanilide, and the coroner's jury rendered a verdict to the effect that death was due to the poisonous action of this drug. In time a suit for damages was entered against the druggist from whom the headache powder had been purchased, and came to trial during the past month. The testimony of the prosecution as to the cause of death was not controverted by the defence, though it was shown that contributory influences were not wanting.

The defence rested on the fact that the preparation was a secret one, the nature of the contents unknown and liable to be changed by the manufacturer at any time, and that consequently the retail druggist could not be held responsible for selling the article without precaution as to its dangerous nature. The court, after hearing the testimony of the witnesses of the prosecution and that of the defendant, granted a non-suit on the ground that no negligence had been proved.

Upon this the *Journal* remarks, and we quite agree with it:

"We believe this ruling to have been a just one under the circumstances, but that no redress is possible in the case does not appear so clearly. The manufacturers of proprietary, secret remedies, the ingredients of which are supposedly innocuous, should be held responsible for such disaster, and made to bear the consequences."

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GUAIACUM IN RECURRENT SUPPURATIVE TONSILLITIS.—C. H. Evans, M. D., Professor of Materia Medica in Hahnemann Medical College, Chicago, considers Guaiacum very valuable in recurrent suppurative tonsillitis. He puts three or four drops of the mother tincture in half a glassful of water, two teaspoonfuls every two hours. He suggests that in the recurrent form of this troublesome complaint there may be a diathesis due to inheritance of "gout, syphilis or scrofula," and that clinical experience has shown this remedy capable of "extinguishing the dyscrasia," arising from these complaints. In this use of the remedy it has

been so successful that he has not used it in the potencies which might be found to work equally well.

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DISPLACED KIDNEY.—“I have often had the opportunity in Karlsbad of observing the displacement of the kidneys.” When it was caused by a relaxed abdomen, a good abdominal bandage was sufficient to bring it back to its proper place. In hypertrophy of the liver, the cure at Karlsbad sufficed to cure the displacement of the kidney caused by the enlargement of the liver ; for by the diminution of the size of the liver, the kidney was reduced to its normal position, and by a suitable bandage with a pelotte it could be kept in its proper place. When attended with pains on the left side, *Chelidonium* 3, taken for a time, served to relieve the same. In colicky pains on the right side, caused by the enlargement of the liver and displacement of the kidney (without gall-stones), *china* 2 and 3, *Card. Mar.* 3, and *Acid picronate*, were found very effective.”—*Dr. Th. Kafka.*

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CONCERNING THE CONTAGIOUSNESS OF TUBERCULOSIS —The tendency of an inexact science like medicine is to go to extremes in every newly discovered path, and to draw conclusions from a newly discovered law that are not warranted by the recorded facts. An example of this kind is the present tendency to inject some sort of serum against everything. Thus, the use of the serum of a calf immunized against smallpox in the treatment of whooping-cough, etc. The present tendency to fear tuberculosis as a contagious disease is very detrimental in many respects to the patients as well as to the general conditions of human society. The tuberculosis patient is so unmercifully persecuted nowadays that it would almost be better to follow the example of the Spartans and kill all persons affected with tuberculosis. The author has not seen a single case of infection with tuberculosis during eight years and a half of experience in country districts. Most of the cases of tuberculosis in these villages occurred in men who went to Moscow or St. Petersburg for several years and then returned to their homes. He never saw a case of tuberculosis

transmitted by these men to their wives, children, or other relatives, although the crowded condition in which these peasants live is well known. Hueepe said: "The presence of Koch's bacilli is not enough to produce tuberculosis," and Vergely expressed the same idea more tersely: "The soil is everything, the microbe nothing."—*Dr. Jbankoff.*

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CLIMATE OF PORTO RICO.—The climate of this, one of our new possessions, is said to be most excellent. The summer temperature seldom exceeds 95 degrees, and there is but little difference between that of summer and winter. The trade winds are constant the year around. Yellow fever is not indigenous in the island, the prevailing diseases being such as are common in the United States, as rheumatism, consumption and malarial fevers. If yellow fever exists at all it is because it is brought in from other places.

With such a record Porto Rico should, and doubtless will, ere long, become a popular winter resort. Fruits are said to grow in great profusion; even oranges attain a perfection not known in the United States, and that without any cultivation.

It is said, furthermore, that the natives seldom have physicians and are without any medical attendance whatever. The titular physicians are few in number and live in towns, and are more ready to receive their salaries than to render faithful service to the poor.

W. A. B.

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LOBELIA AS A LOCAL REMEDY IN STRICTURE.—I want to report an experience I had with this old-fashioned drug a few years ago, since which time I have used it constantly for the treatment in both spasmodic and permanent strictures.

Spasmodic stricture it will cure as if by magic, and in permanent stricture, where you have found it impossible to pass the smallest kind of a sound, you will find after its application the sound will easily pass. I can best illustrate by reporting to you the first case upon which I used it.

Mr. G——, about 40 years of age, had had gonorrhoea twice, the last time about three years ago. This had left him with a

slight chronic gleet. For about one year he had had difficulty in urinating, the stream being small and twisted, passing slowly and without pain. The difficulty in this respect had been growing worse every day, until the time he called upon me his urine simply dribbled drop at a time. It would take him half an hour to empty his bladder, and there was considerable pain. He had consulted several physicians, and they had attempted to pass sounds without success, and these attempts no doubt accounted for the irritation and the pain which the patient was experiencing while urinating. Learning that those who had attempted to pass the sounds previously had used the cold sound, I warmed mine, anointed it well and made the attempt to pass it, but without success. For two weeks I had the patient call every other day and made the attempt each time to pass the sound. I could not even pass a filiform. The patient was getting discouraged. I cheered him as best I could, telling him, as I had several times before, that I had no doubt that at the next attempt we would be successful, and we were. At his next call before attempting to pass the sound I dropped into the urethra about 15 drops of Lobelia, closing the meatus and held the Lobelia in the urethra for five minutes. It produced a smarting sensation which passed away in a short time. I now prepared my sounds and was delighted to find that I could pass a No. 10 with little difficulty. I continued this treatment twice a week without producing any urethritis, gradually increasing the size of the sounds until I could with ease pass a 24. The patient can now pass his urine normally, has no gleety discharge, and I have not passed the sound for two years. I see him frequently and know he has had no return of the difficulty. Since treating Mr. G—— with the Lobelia I have tried it on quite a number of cases with success in all of them.—*C. W. Boskowitz, M. D.*

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CHARACTERISTICS IN TYPHOID.—In a case of typhoid, a boy six years old, there were distressing paroxysms of cough of two or three hours duration, usually between three and six P. M., but occasionally soon after midnight. An examination revealed no condition of the lungs not common to this disease. Hepar as an

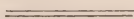
intercurrent remedy, given during the cough, entirely cured it in three days.

In the same case there were frequent urinations of three or four times an hour and occasionally every few minutes, all during the night time. This condition had continued for a week or more and serious trouble was to be feared. Apis 30, a single dose at 8 P. M. for two successive nights, entirely relieved this condition so there was no further trouble.

This was a distinctly pronounced case of typhoid, the first two weeks running the usual course with evening temperature as high as  $104^{\circ}$  to  $105^{\circ}$  for several days. But instead of progressing to a dangerous condition the third week, as might have been expected under the circumstances, convalescence set in so that by the nineteenth day the morning temperature was normal, the tongue became moist and clean and the patient was sitting up in bed. Did not the intercurrent remedies, hepar and apis, have much to do in hastening the favorable convalescence?

To the observing physician there is a valuable lesson in every case. In this one the lesson is: Use the homeopathic remedy though it be not one of the remedies commonly indicated. If there is a strongly pronounced symptom as there was in each of the above instances, strongly indicating a certain remedy, let that remedy be given. Even though it may not seem to cover the totality of the symptoms it may correct abnormal conditions and start a healing process that goes on to a complete cure as in this case.

W. A. B. BURR, M. D.



HAMAMELIS: VARICOSE VEINS IN PREGNANCY.—Dr. R. Haehl: Enlarged veins, with a feeling of soreness of the affected parts, especially during pregnancy; burning and bleeding hemorrhoids, with weakness and pain in the back, as though it would break.

### The Use of the Single Remedy.

Address by Edwin Jay Clark, M. D., before the Colorado Homeopathic Medical Society, October 4, 1900.

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During the medical dark ages, when knowledge was at its ebb, and physicians were groping in mental darkness, some habits were formed that a century ago were recognized by the dominant school as being without the warrant of reason, and is recognized by the leading minds of to-day, no school excepted, as unworthy of the educated physician. I refer to the unscientific prescribing of mixtures or combinations. Hahnemann, speaking of this method of administering remedies, called it *pur-blind*—a very fitting term. A writer in the dominant school of Hahnemann's time, in writing against the use of mixtures says, "Our knowledge of what is essential to be known respecting all our remedies, as also respecting the perhaps hundred-fold relationship among each other, into which they enter when combined, is far too little to be relied upon, to enable us to tell with certainty the degree and extent of the action of a substance seemingly ever so unimportant, when introduced into the human body in combination with other substances." Since that time we have wonderfully increased our knowledge of the action of drugs, and yet our minds can only grasp a modicum of this action, can only appreciate some of the grosser peculiarities, can not fathom the primary or the secondary action, cannot understand the idiosyncrasies, why a drug acts one way in a certain dose in one person and another way in another, can barely grasp the scintillations without at all approaching the substance. When one drug presents such a wonderful unfathomable study what can we expect when we have two such substances acting at the same time in the human economy, antidoting, reinforcing and modifying each other, varying as the peculiarities of the human economy, the peculiarities of the mixture and absorption of the drugs vary, a complicity, and a multiplicity of the unfathomableness of the simple drugs. Multiplicity of the number of drugs increase the complexity of this action, and where is the mind, while unable to understand simple

substances, yet can unravel the effects of the mixture? That the physicians of the dark ages are not entirely extinct among those calling themselves Homeopaths, can easily be determined by an examination of the catalogues of some of our Pharmacies. Is it to be wondered at that the laity patronize Humphrey or Munyon or some other quack remedy? They are simply following in the footsteps of their intelligent family physician, who after years of study prescribes Luyties No. 26 combination for Dyspepsia. Bis. 2x c. v. 3x merc bin 2x nux v. 3x, or Halsey Bros. No. 58 for croup. Ac. 1x, H. S. 2x, sang., 2x, Ipec. 1x.

Can the intelligent physician do better with combinations than with the single remedy? Experience answers, No. The physician who prescribes a mixture acquires no knowledge that helps him in the treatment of the next case, as a result of the success or failure obtained in the last one. He adds nothing to his scientific acquirements, though he may imagine he knows just what was what, and what was not what, his knowledge of therapeutics dwindles and he has nothing of value for himself or the profession. He gropes in the dark, sometimes accidentally securing a cure, oftener only suppressing the evidence of disease and more often complicating the case by intermingling in an inextricable manner the natural disease with many drug diseases, making a cure impossible and a restoration to health unattainable this side of the grave. Everything that can be said against mixtures and combinations applies with equal force to the alternation of remedies as ordinarily practiced. Alternation is only a step in the descent of the physician from scientific prescribing to the administering of mixtures utterly void of any semblance of science.

The use of the single remedy has its greatest drawback to its general adoption by the profession in that it calls for an increased study of our materia medica, an intelligent idea of our law, of its application, of its range, its possibilities and its limitations. It requires a careful and systematic study of disease and its peculiarities. It requires a careful systematic habit of taking the case and a careful grasp of the case in all its details. We must not only see what is present and prominent in the case now,

but we must also see and appreciate what has led up to this condition, the original and the resultant symptoms; we must also understand the value of the absolute and contingent symptoms. Not all can reach the plane of a Hahnemann, a Boeninghausen, a Jahr or a Dunham, but we can infinitely extend our influence for good if we drop our combination tablets, our mixtures, our alternation of remedies, our empiricism and adopt homeopathy and its single remedy, prescribed scientifically, and become scientific physicians in the true sense of the word. But I must be careful or I will be getting myself into trouble by approaching too near to the subject our president is to tell us about, scientific medicine, not the so-called scientific medicine, but the true science of therapeutics.

Place your ideal high for you will never reach beyond it, you will never get above it. If it is low, it will inevitably mar your practice. You may have a low ideal and yet secure the plaudits of the pur-blind crowds, it may be low, very low, and yet your practice profitable, but sooner or later the time of settlement will come, and you will stand revealed to mankind, who with clear eyes will then see the ignorance exhibited in your unscientific prescribing and application of God's law of cure.

It is no visionary scheme that I have presented to you to-night, it is not even one requiring an unusual degree of intelligence, but it is one where "keeping everlastingly at it brings success" when you must continually strive towards the mark of our high calling.

"The heights by great men reached and kept  
Were not attained by sudden flight,  
But they, while their companions slept,  
Were toiling upward in the night."

As I look back over the years of my practice and contemplate its results from the time I had sunk so low in the scale of medical degradation as to attempt to save my gray mother by prescribing combination tablets, on to the time when I prescribed single remedies in alternation, and up to the present, when I am trying as I never tried before to practice Homeopathy, I realize that my success has been proportionate to my approach to the

ideal scientific application of the law of cure. I also notice a peculiarity in the use of the single remedy prescribed scientifically in that it conduces to good health and freedom from disease, both in themselves and in their offspring, a result to be deplored by the physician whose ideal is sordid, but a condition to be earnestly desired by every physician having the betterment of his race as his high ideal.

So to-night we come to you with this plea from suffering mankind, with this plea from the millions yet to be born into this world, that you no longer practice pur-blind, but that you prescribe scientifically, that is the single remedy, given in obedience to God's law of cure, not empirically, and that you devote more of your time to the study of the true cure of disease and less to theories that are profitless to suffering humanity.

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### \*Tumors.

By C. E. Tenant, M. D., Denver.

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The term tumor, which means *swelling*, has been generally applied in medical literature to all cellular collections clearly of inflammatory origin, as inflammatory tumors, granular tumors, etc. The tendency at present is to exclude all such masses and restrict the term tumor to neoplasms, such as new growths and cysts.

In the brief time allotted me for the presentation of this subject of new growths, it will be my purpose to discuss the class known as neoplasms.

Too great care can not be exercised in the consideration of neoplasms when diagnosing the character of a tumor in a given case, for the results in treatment depend largely upon the early detection of its character.

Many harmless neoplasms are removed with the knife, thereby jeopardizing the life of the individual because of an error in the diagnosis; while on the other hand many malignant tumors are neglected in their incipiency, only to result disastrously to the patient and attending physician.

In order to come to some conclusion as to the class of tumor present there are four points which I would suggest in first considering the case: 1st, the history of the patient; 2nd, a history of the tumor and the tissues involved; 3rd, the surrounding structures, and lastly the general appearance of the mass.

In securing the knowledge of the present condition of the neoplasm its situation is of much importance, a superficial or deep, epithelial or connective tissue surface or both. Here both the malignant and benign may be represented, while the conformity of the tumor, globular, flat, pedunculated, etc., may be an important point in the conclusion formed; the malignant tumors seldom if ever being encapsulated.

Is the tumor single or multiple, and, if the latter, was it so from the beginning, or was it followed by a succession of others, suggesting metastasis and malignancy? Are all the tumors apparently alike, having the same conformation, consistency and similarity of location, or do they present the usual lawlessness of malignancy?

Some tumors are so soft as to fluctuate as in cysts, rather excluding malignancy, unless degeneration has become advanced in a once hard indurated mass. An active malignant growth usually has a good vascular supply, hence either red or pink in color, or presenting other pigmented hues, while benign tumors may contain tortuous veins and have a cyanotic appearance.

The mobility of benign tumors is usually possible, for the adjacent tissues seldom become attached, while the malignant growths will sooner or later secure attachment to the surrounding tissue.

Constant pain and tenderness suggest malignancy as well as sensibility to changes of temperature or atmospheric conditions. A neoplasm exerting an influence upon the surrounding structures when the possibility of pressure can be excluded, suggests malignancy.

Is the mass growing rapidly and has it been constant? and is the growth influenced by any function of the body? as an example, menstruation or anemia? Benign growths in certain localities are markedly influenced by menstrual epochs, while

malignant tumors are sensitive to nutritive change. Is there evidence of activity in the mass, as inflammation, gangrene, infiltration or degeneration? Benign tumors unless infected seldom presents these symptoms.

Malignant tumors usually occur after thirty years of age. Sarcomas in middle life, carcinomas in old age. Sex has some bearing, for cancer of the male breast occurs in but one per cent. of all cases of mammary cancer.

Occupation is an important factor from the possible causes of irritation, as the chimney sweep's cancer or smoker's cancer. While there is every reason to believe that inheritance may play an important part in the formation of malignant neoplasms.

The nutritional influence manifested in the individual, is not the result of conditions purely mechanical, such as the weight of the mass or position, is good evidence of malignancy. The history of injury, inflammation, or persistent and long continued irritation seems to favor the development of tumors belonging to the epithelial group, as examples previously given in the chimney sweep and smoker.

Papillomatous masses are among the benign tumors, the development of which occur from this class of irritations, as in the accumulations of irritating discharges around the anus and external genitals when the parts are not kept properly cleansed.

All tissues spring from one of two types, (1) Epithelium, (2) Connective tissue. Tracing these back to the blastodermic layers, we have the development as follows: Epithelium from the epiblastic and hypoblastic layers of the blastoderm, Connective tissue from the mesoblast of the blastoderm. All neoplasms spring from one of these two types, each type having two varieties.

Epithelial: (*a*) Adult or typical, (*b*) Embryonic or atypical.

Con. Tissue: (*a*) Adult or typical, (*b*) Embryonic or atypical.

By adult or typical tumors is meant those tumors having their type in the adult body, or clinically speaking, benign tumors; while the embryonic or atypical tumors are composed of cellular elements resembling those found in the embryo at some

stage of its development, or clinically, such neoplasms are malignant.

With this division so clearly outlined as a means of diagnosis, the differentiation of tumors would seem to be but a simple matter with the aid of the microscope. Clinically, however, it is not so, for it is not always possible to secure that portion of the mass which is characteristic of the growth, and the microscopist is then compelled to make the best of it with a few scrapings which of course are from the periphery and usually undergoing degenerative changes.

For this reason a detailed history along the lines of this paper are necessary in forming a reasonable conclusion of the true character of a neoplasm, and the microscope will come in for its part in the clinical confirmation of the tumor and the probable prognosis.

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### Means Used and Results Obtained in the Treatment Peculiar to Diseases of Women.

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By Marian Wall Roberts, Leadville, Colorado.

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I am not going to bore you with long drawn out details of the means used for the cure of Women's Diseases. You are all familiar with them, and know the means employed are as numerous and varied as the many physicians who are practicing to-day.

The two chief means are surgical and medicinal with the intermediate which in a measure partakes of both; that of local treatment. Of the first I will say nothing beyond words of praise, for its results, when judiciously used as a true means of cure, not as a lever to force a reputation of some would-be surgeon upon a community.

I want to-day to make a plea for the Homeopathic application of drugs to the diseases peculiar to women. As we look through our *Materia Medica* we find an overwhelming array of remedies for every kind of general diseases and for many of the

specialties, but very few with any lengthened application to this specialty. Here is a magnificent field for experiment and investigation. One which, no matter how willing our brothers may be to assist in its development, their personal proving would be of little service to the cause. Therefore, my sisters, I ask you to think over this and make an endeavor to prove remedies upon yourself and as many of your women friends and patients as will assist you. For upon us rests in a large measure the means of restoring to health and happiness many of our ailing women.

Among the known remedies I find the meager symptom sufficient guide to cure a large number of cases.

In my earlier efforts I used local treatment in all cases, and I fear in a very routine manner. But by years of observation and waiting for satisfactory results have learned that local treatment is only a small part of a successful armament. In fact I now more often do not use it at all.

When I find it useful, it is in cases in which cleanliness has no place on the patient's part or when the disease causes a foul discharge. There it consists of thorough cleansing parts with clean water alone, or water and listerine, or even pure castile suds, this to be followed by a small amount of cotton saturated with listerine, glycerine or bovenine. The last when ever surface is denuded. Its healing properties are marvelous.

These means are not to be classed with those employed by the dominant school of medicine.

Most of my attention has been drawn toward the selection of a remedy. In this I have had much help from Yingling, Burnett, Meer's Repertory and Southwick's Gynecology. I find the remedies and their indications particularly good in Southwick.

The more I use Burnett's suggested remedies the greater success I have in my work. Especially let me suggest to your study and application, Arnica, Hypericum, Bellis Per. Bursapastoris, Fraxinus Amer. and Naja.

I use Arnica so often and with such good effect, that I won-

der if I am not becoming arnica biased, yet when I see its work I know I have made no mistake in tying to it so closely.

Naja has been of inestimable value to me, especially in left sided ovarian troubles, either with or without heart complications. I feel that I am a mere beginner in this work but the successful cases I have had have made me dissatisfied with anything but a *perfect cure* by the perfect method "*Similia Similibus curentur.*" One remedy at a time, one dose if possible.

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### The Pupil.

By David A. Strickler, M. D., Denver.

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To study the pupil to advantage we should first consider a few points in the anatomy of the iris. The iris is a diaphragm interposed between the refracting surfaces of the eye. It serves the double purpose of preventing an excessive amount of light from entering the eye, which would interfere with vision and injure the retina, and also of cutting off the marginal rays which would interfere with the formation of clear-cut images on the retina. The iris has the advantage over artificial diaphragms in optical instruments in that it acts spontaneously to suit conditions presenting, being small in strong light and large in a dim light. A study of the nervous mechanism controlling the size of the pupil will be of special advantage when considering pathological conditions affecting the pupil and its reactions.

The contraction of the pupil when exposed to light is a purely reflex phenomenon in which the optic nerve and tract as the afferent tract, conveying the impression produced by the light to the corpora quadri-gemini, while the third or ocular-motor nerve serves as the efferent nerve going to the sphincter of the iris. The communicating fibres between the corpora qudragemini and the nucleus or center for the third nerve, enables the reflex to take place. The pupil is contracted by stimulation of the oculomotor nerve which, through the ciliary ganglion and ciliary nerves, supplies the sphincter pupillæ and the ciliary muscle.

By section, or paralysis of the oculo-motor nerve dilatation is produced.

Dilatation of the pupil depends upon the sympathetic, which sends branches from the cilio-spinal center of the cervical spinal cord to the radiating fibres of the iris. Hence irritation of the cilio-spinal center, or of the sympathetic, produces dilatation while its paralysis produces contraction of the pupil.

In examining the pupil three points should be noted: First, Its size; second, Its reaction; third, The equality of the two pupils. Studying these in health we have: First, The size of the pupil in health varies with the amount of light to which the eye is exposed, and with the amount of accommodation and convergence. While there is no physiological standard upon which to base a measurement, it may be said in general that the pupil is larger in youth, in dark irides and in myopes, while it is smaller in old age; in blue irides and in hyperopes. The diameter of the pupil ranges from 2.44 to 5.82 m. m., with an average of 4.14 m. m. (Troinor.)

Second (*a*) The pupillary reaction to light, or the mobility of the iris, is best studied by seating the patient before a window in diffuse daylight, carefully excluding one eye from the light. He is then directed to look into distant space with the exposed eye, when the size of the pupil is noted. The eye is then covered or shaded, and if normal the pupil will dilate considerably. When the shade is removed the pupil will contract beyond the original size, then slightly dilate and again contract, thus oscillating for a moment before settling to its original size. If the oscillation be excessive or exaggerated it is termed *Hippus*, the Greek for horse, because of a fancied resemblance to the gallop of that animal. *Hippus* may be seen in hysteria, mania, and other nervous diseases.

The test gives the direct reflex action of the pupil. If during the foregoing examination the other pupil be watched, it will be found to act in unison with its fellow, remaining equal in size under varying conditions of light and shade. This is consensual or indirect reflex action of the pupil.

By way of precaution let me repeat that in making this test

the eye must be steadily fixed on some distant point, lest convergence mar its results.

(b) *Reaction under accommodation and convergence.* The pupil contracts when an effort is made to focus for near objects, or to converge or turn in the visual axis for near vision. As convergence and accommodation are normally associated, the contraction of the pupil occurring in conjunction, is termed *associated contraction*.

The test for associated contraction is made by having the patient look first at some distant object, then at some small object held close to the eye in a line with the distant object, in order that the illumination may not vary. Looking alternately at one and the other the changes in the size of the pupil may be easily noted. The extent of this contraction is less than that occurring from light reflex and is more closely associated with convergence than with accommodation. It will take place from convergence alone but not from accommodation alone. It is most marked when the two are combined.

(c) Other normal reactions of the pupil. Among these may be noted its dilatation from nervous excitement, surprise, fear, in anaemia; from hunger and other causes of nervous instability, and from its strong contraction during sleep.

Third. *Equality of the two pupils.* Fuchs states that "Inequality of the two pupils is always a pathological phenomenon."

Having thus outlined the pupil with its actions and reactions in health, we are prepared to study it in disease,—a study that will repay the careful general physician as well as the specialist.

Deviations from the normal in size and reactions of the pupils are of frequent occurrence in eye diseases and in nervous diseases.

A dilated pupil with normal reactions to light and convergence, is often observed in nervous and irritable children, in neurasthenic, hysterical and maniacal persons, as well as in certain lesions of the cervical spinal cord when it is produced by irritation of the cilio-spinal center.

Dilatation of the pupil with immobility or loss of reaction

may be due to the use of a mydriatic, to adhesions of the iris to the lens, to loss of function in the retina or optic tracts, or to interference in the motor tract between the pupillary center in the occipital lobe and the iris. Mydriatics, paralysis of the motor tract and adhesions of the iris prevent any motion. If other movements are normal and there is no light reaction, the interference must be in the retina, optic nerve, optic tract, the visual sensory tract, or in the fibres connecting the optic tract with the centers for pupillary contraction. If in the sensory tract vision will be as much or more impaired than the pupillary reaction. Hence, with good vision and loss of light reflex the fault lies in the fibres connecting the sensory tract with the center for pupillary contraction.

A pupil showing no reaction to light, contracting with convergence and associated with good vision is known as the *Argyll Robertson pupil*. It is probably always indicative of organic disease of the brain which interrupts the fibres connecting the corpora quadrigemini with the nucleus of the third nerve.

The *Argyll Robertson pupil* occurs as an early symptom of loco-motor ataxia; it occurs in dementia paralytica, and occasionally in multiple sclerosis. In rare cases it is observed in syphilis with no other signs of organic brain disease. It may be associated with contracted, dilated or normal sized pupil.

Interference with the sensory tract causes complete blindness before it destroys pupillary reaction to light. Hence loss of light reaction is strong corroborative evidence of the patient's statement that he is quite blind.

Complete loss of light reaction may be caused by any lesion of the optic nerve or eye that causes complete blindness.

Where one eye alone is blind and no lesion discoverable in the eye, the lesion must be situated in the optic nerve itself, that is, it must be in front of the optic chiasm. A lesion along the optic tract, between the optic chiasm and the corpora quadrigemini, will give rise to hemianopsia with a loss of the opposite field. Such lesion at the same time destroys the reflex to light thrown on the blind half of the retina. If, however, the

lesion causing the hemianopsia be back of the corpora quadrigemini, i. e. along the optic radiation which extends from the corpora quadrigemini to the visual center in the occipital lobe, it will not interfere with the reaction of the pupil to light thrown on any part of the retina. This is known as Merrick's reaction of the pupil. It is a valuable aid in locating lesions producing hemianopsia. Dilation of the pupil with sluggish reaction with convergence occurs in glaucoma, and large pupils in people past middle age should always lead you to look for other symptoms of this disease. Persistent contraction of the pupil is most frequently due to iritic adhesions which should always be looked for. When present they may hold the pupil immobile. We find the contracted pupil in iritis and other irritating conditions of the eye, after the ingestion of narcotic drugs, (opium, etc.) in cerebral irritation, meningitis, in the congestion attending cerebral apoplexy, and in the early stages of acute fevers. It is present in senility, in locomotor ataxia, in dementia paralytica, in acute lesions of the pons and medulla (hemorrhage and softening).

A narrow contracted pupil in persons in the first half of life, who are free from refraction errors is always pathological and suggests organic nervous disease, while dilatation of the pupil in the second half of life, in the absence of eye disease, has a like significance.

Unequal pupils occur in eyes of widely dissimilar refraction, in aneurism, in blindness of one eye, dental disease, after a blow on the eye, and in diseases of the nervous system. If the disease is cerebral, it denotes unilateral or focal brain disease.

It is common in locomotor ataxia, disseminated sclerosis, and paretic dementia.

Varying inequality of the pupils, or dilatation alternating between the pupils, is a serious premonitory symptom of insanity.

In general, it may be said of dilated pupils in disease of the nervous system, if of cerebral origin it indicates extensive lesion; if of spinal origin, irritation of the part. Of contracted pupils, if of cerebral origin it indicates an early irritative stage of the affec-

tion ; if of spinal origin a depression, paralysis or even destruction of the part. (McEwen.)

It will thus be seen that the pupil and its reactions may furnish valuable suggestions in obscure diseases of the nervous system.

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MERCURIUS: DIPHTHERIA.—Dr. Tooker ("Med. Era.") thinks that mercurius vivus and mercurius corrosivus are best adapted to those incipient, incomplete, or doubtful cases of diphtheria in which the prostration is not great, the exudate small, and all the symptoms indicating a mild form of disease. The iodides of mercury are most applicable to those forms of diphtheria in which the lymphatic glands are early involved while other symptoms are of mild type. With the development of severe sore throat, a large amount of exudate, and marked general symptoms, I would look to cyanide of mercury as offering the surest, quickest, and best means of cure. In fact, this drug will give better results than any yet seen from antitoxin, or any other form of serumtherapy.

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MERCURIUS: GYNECOLOGICAL REMEDY.—The female sexual organs are acted upon with considerable energy by mercury. It causes discharge of flocks of mucus and pus from the vagina. This symptom sometimes occurs in consequence of impure coition, as a sign of gonorrhea ; it may also exist as a symptom of scrofulosis.

Mercury causes a purulent and corrosive leucorrhœa. It acts curatively in leucorrhœa when the discharge is purulent, corrosive, green, is attended with much burning, itching, smarting, rawness, and is worse at night. There may be present heat and tenderness of the sexual organs, but internal and external, with ulceration of the parts ; sore throat ; glandular enlargements ; turbid, milky urine, depositing a sediment which looks as if flour had been stirred into the urine ; very offensive urine, resembling in odor the urine of the horse.

# THE CRITIQUE.

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## EDITORIAL COMMENT.

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### Subdural Anesthesia.

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The successful use of subdural injections of cocaine for the production of surgical anesthesia below the point of application to the spinal cord, is attracting increased attention in the medical world, and many new experiments are of frequent occurrence.

When the method was first proposed, and even after its first successful application in operations on the lower extremities, grave doubts were raised as to its practical usefulness, and some prominent writers did not hesitate to say that subdural injections could never become popular as a means of producing anesthesia.

Fear was expressed that cocaine injections would lead to evil effects upon the cord itself or to parts remote from the point of injection. So far as we are able to learn from available literature on the subject, no bad results whatever have followed the use of cocaine anesthesia of the spinal cord.

Tuffier recently reported that he had operated sixty-three times with subdural anesthesia without any untoward symptoms. His cases included operations upon the legs, rectum, perineum, abdomen and genito-urinary organs of both sexes. In every case the anesthesia was complete in from four to ten minutes and lasted from 30 minutes to one hour and a half. In no case, he says, has an accident attended the administration of the anesthetic.

A two per cent. solution of cocaine has been found sufficient.

to produce complete anesthesia. The quantity used by different operators has varied from seven to thirty drops, injected through the space between the fourth and fifth lumbar vertebræ.

The after effects noted are, occasional headache, nausea and vomiting; all of short duration. The pupils are generally dilated, the pulse is more rapid than normal, and in some cases there was a slight rise of temperature for a short period.

A careful review of the subject leads to the belief that this new method of producing anesthesia will be largely used in future operations upon the pelvis and the lower extremities. In many patients where the use of ether or chloroform would be objectional, subdural injections of cocaine opens the way to safety and success.

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### Subdural Injections in Labor.

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Prof. E. Bumm, of Basel, has caused subdural injections of cocaine to be tried in his clinic as a local anesthetic during labor. Kreis, his assistant (*Centr. f. Gynakol.*, July 14, 1900), reports upon six cases in which one centigramme of cocaine injected under the spinal meninges, between the fourth and fifth lumbar vertebræ, produced within five to ten minutes complete analgesia of the lower extremities extending to the sternocostal arch, without, however, impairing the tactile sense or suspending control of the will over muscular contraction. Uterine contraction, on the other hand, continued as before and was painless, the sensation amounting merely to a feeling of tension in the abdomen. Distention of the perineum, introduction of forceps, and birth of the head were painless. Voluntary bearing down proved as efficient as before the injection of cocaine. Efficiency of uterine contraction during the third stage remained unaffected; after-pains were felt only after two hours, and primary perineorrhaphy was done without pain.

Bumm and Kreis observed no serious complications after the injection, though, like Bier and Tuffier, they noted headaches and vomiting.—*Ex.*

### Our State Society.

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The fifteenth Annual Session of our State Society was held at the Brown Palace, October 4 and 5. Sixteen papers were read and fully discussed. Dr. Harris held a surgical clinic at the Hospital operating for the radical cure of hernia and relief of a hair-lip deformity. Drs. J. B. Brown, Denver; C. F. Strough, Colorado Springs. W. M. Sheridan, Florence; Jessie B. Clark, Boulder; and G. W. Compton, Ophir were elected to membership. Dr. Geo. E. Brown presented a clinical case of a girl aged 11 from whom a sarcoma of the tonsil had been removed.

The legislative committee reported favorably upon the last bill enacted by our legislature and vetoed by the Governor. The report excoriated the governor in unmistakable language and was adopted without a dissenting vote.

The Thursday evening session was enlivened by the excellent singing of Mrs. Clinton Enos, of Brighton and Mrs. Mathilde Johnstone, of Denver. The addresses of Drs. Clark, Smythe and President Enos appear in this month's CRITIQUE.

Dr. Pollock spoke of the deaths of our Second Vice-President, Dr. Alvire J. Cardwell, and Dr. W. C. Allen spoke of Dr. A. Cuvier Jones, formerly a Secretary of our Society.

The officers elected are Warren D. Howe, Cañon City, President; J. Wylie Anderson, Denver, 1st Vice-President; Mary M. Hatfield, Denver, 2nd Vice-President; Edwin Jay Clark, Denver, Secretary; Lillian I. Pollock, Denver, Treasurer. Censors, W. C. Allen, and C. F. Stough, Colorado Springs; P. Phelps Collins, Westcliffe; Genevieve Tucker, Pueblo; E. G. Freyer-muth and J. P. Willard, Denver. Administrative Council, President Howe and Secretary Clark, J. W. Harris, J. P. Brown and J. P. Willard, Denver; G. W. Lawrence, Colorado Springs; P. Phelps Collins, Westcliffe and Jessie B. Clarke, Boulder.

The next meeting will be held at Cañon City, probably during the strawberry season. The proceedings will be published and will soon be ready for distribution to the members. An attempt at the next session will be made to shorten the name of the Society to the Colorado Homeopathic Society.

There were present Drs. Abbott, Anderson, Burr, G. E. and J. B. Brown, Clark, Drake, Enos, Fitz Hugh, Freyermuth, Harris, Hatfield, E. H. and Walter J. King, Morrow, Pollock, Reinhardt, Smythe, Strickler, Tucker, Tennant, Willard and Walker, of Denver and Drs. Allen and Stough, of Colorado Springs; Clinton Enos of Brighton, Warren D. Howe, of Cañon City; Genevieve Tucker, of Pueblo, P. Phelps Collins, of Westcliffe, W. M. Sheridan, of Florence and visitors making a total attendance of eighty-one.

## NOTES.

The fifteenth annual meeting of the Homeopathic Medical Society of the State of Colorado has come and gone. It was characterized by hard and earnest work and a general good feeling throughout.

The papers were good and freely and ably discussed.

The work of the several bureaux was well planned and the work of each session completed in the allotted time.

At the close, a vote of thanks was given the officers for the efficient work done by them to make the meeting such a marked success.

Politics was not made prominent, when the hour of election arrived no slates were found to be in the field and the utmost good feeling prevailed over the result.

The President, Dr. C. W. Enos presided with all becoming grace and dignity. His rulings were fair and unquestioned.

The Secretary, Dr. Edwin J. Clark had the work well arranged and was present from the beginning to the close of each and every session. He was re-elected as he well deserved to be.

Dr. Clinton Enos, of Brighton not only came with a good paper, but brought his young wife with him, who regaled the audience with some fine singing at the public session.

Dr. Warren D. Howe came with his usual zeal and enthusiasm for the cause. He is a worker and believes in organization. It was very fitting that he should be chosen president; the Society will not languish in his hands.

Dr. C. F. Stough, comparatively new in the state, showed his familiarity with surgery in his paper on Injuries of the Hand and

their Care. He is associated with the well known Dr. W. C. Allen, for many years a leading Surgeon of Colorado Springs. Drs. Allen and Stough make a strong team, and if they build a Homeopathic Hospital in the Springs we will come to the opening and THE CRITIQUE will give them as good a send off as possible.

Drs. Sheridan and Collins, the former from Florence, and the latter from Westcliff, were regular attendants at the several sessions.

No annual meeting of the State Society would be complete without the presence of Dr. Genevieve Tucker, of Pueblo. She was present and took an efficient part at every session.

It was not a drudge, but a genuine pleasure to attend such a medical meeting as the one just closed.

During the recent meeting of the State Society, a pleasant reunion of the Chicago Medical College men present was held at the Brown Palace Hotel. The following named doctors with their wives sat down to an elegant dinner prepared for the occasion: W. D. Howe, of Cañon City; C. F. Stough, of Colorado Springs; J. W. Harris, of Denver; P. P. Collins, of Westcliff; H. M. Sheridan, of Florence; C. M. Beebe, of Denver,

### Alumni Resolutions on the Death of Doctor Cardwell.

WHEREAS, By the divine dispensation of the Alwise Father, we are called to mourn the loss of our well-beloved sister and colleague, Dr. Alvira J. Cardwell. Therefore be it

*Resolved*, That we, the members of the Alumni Association of the Denver Homeopathic College, tender to her bereaved parents and relatives our heartfelt sympathy and condolence in this our mutual loss. Be it further

*Resolved*, That a copy of these resolutions be presented to her family, and that a copy be placed upon the records of the Association, also that they be published in THE CRITIQUE.

Committee.	{	WALTER JOEL KING, M. D. F. E. MCCURTAIN, M. D. FRONA ABBOTT, M. D.
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### Notes and Personals.

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Dr. A. B. Norton, President of the American Institute, announces that he has discontinued the treatment of ear diseases and will confine his practice to diseases of the eye.

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We hear that the long looked for new edition of Dr. Sheldon Leavitt's work on Obstetrics is promised for delivery early in November. The reputation of the author as a writer and obstetrician insures a hearty reception to the forthcoming book. Halsey Bros. & Co. announces that it will be ready for delivery early in November.

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We have received the "Repertory of the Antipsorics," by Bönninghausen, which will be reviewed in the November issue of THE CRITIQUE.

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Dr. A. C. Burroughs has removed from Texas to Ouray, Colo., where he is working into a large practice.

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In the great strike of miners in the coal fields of Pennsylvania one of the demands of the miners is the abolition of company doctors.

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And still another! Harlem, New York, is soon to have a new hospital with a capacity of three hundred beds, and one-half is to be under homeopathic management.

---

Dr. Lewis A. Sayre died in New York City on September 21st, at the advanced age of 81. Formerly he was eminent as lecturer and author on Orthopedic Surgery and Diseases of the Joints, and to this day not a few surgical instruments and appliances bear his name.

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Recent word comes that an Italian specialist, Dr. Angel Belinzaghi has discovered a serum that cures yellow fever. He is about to claim the prize of \$100,000 offered some years ago by the Mexican government to any one who should discover a remedy for this scourge of warm countries. Part of the prize, it is said, will be paid at once, and if future experiments are satisfactory, the balance will be forthcoming.

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"The microphobists who insist that the doctor should shave off his beard ought also to insist that his hair should go, too, and if not, why not?"—*Homeopathic Record*.

---

Dr. J. W. Mastin will be associated with Dr. S. S. Smythe, 403-4 California Building, after November first.

Doctors W. F. Burg and F. C. McCurtain have opened an elegant suit of offices in the California Building, where they offer welcome to their many friends in this city.

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Battle & Co. are sending out to the profession pamphlets containing handsome colored drawings of various fractures. They are interesting and well worth preserving.

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The "Medical Brief" announces that its New York office will hereafter be under the management of Mr. W. W. Conley.

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Dr. W. D. Howe's hospital at Cañon City is full of patients all the time, and is doing a great work for homeopathy.

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It is seldom our pleasure to meet a more genial, whole-souled, business-like official than Superintendent of State Fish Hatcheries, Mr. T. J. Holland; long may he be retained to serve the public, is the wish of THE CRITIQUE.

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To live to give pleasure to your fellow man "is living as you go." Such is the reputation held by Mr. W. T. Kirkpatrick, and justly so. Mr. Kirkpatrick is a business man of Durango, Colorado, holding the responsible position of agent of the Continental Oil Co. at that place. He is also known as the fish king of the state, having given to the state more fish from his private lake and hatcheries than any other person. Through the good graces of Mr. E. C. Halsey and U. S. Hollister, Mr. Kirkpatrick gave 50,000 trout to the Indian Creek Park Co. The members of the Park Co. wish to thank these gentlemen for the kindness extended, and assure them the pleasure of catching the trout in the future by members and their friends will be again appreciated.

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Dr. E. S. Anderson, of Dover, is president, and Dr. C. M. Allmond, of Wilmington, is secretary of the Delaware Homeopathic Board of Medical Examiners. Dr. E. S. is a brother of Dr. J. Wylie Anderson, of Denver, Colorado.

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J. H. Morrow, M. D., has just returned from New York City, where he went to take a post-graduate course in surgery at the Polyclinic. He visited Cincinnati, Ohio, also Washington, D. C., on his way east, and stopped at Niagara Falls, and Chicago, Ill., on his way home.

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The following are the officers of the Alumni Association of the Denver Homeopathic College for 1900-1901: J. B. Brown, M. D., President; G. W. Compton, M. D., First Vice-President; F. C. Strong, M. D., Second Vice-President; Walter Joel King, M. D., Treasurer; Frona Abbott, M. D., Corresponding Secretary; O. S.

Vinland, M. D., Recording Secretary, 1705 Lawrence street. The Association has a very interesting program for 1900-1901.

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Dr. F. E. McCurtain has just returned from Chicago where he took a special post-graduate course in orificial surgery at The Polyclinic, and has opened offices in the California Building.

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### Death of Dr. Couden.

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After a protracted illness, Dr. William Chase Couden passed away at his home on 18th Avenue, October 4th. Dr. Couden was born June 30, 1832, in Cincinnati, Ohio. He was a graduate of the Cincinnati Eclectic College, and later from the St. Louis Homeopathic College. For the past eleven years he has made his home in Denver. Dr. Couden was a brother of the Rev. Henry M. Couden, the blind chaplain of the house of representatives in Washington, D. C. Funeral services were held in Denver, on the 6th inst., but the remains will be taken by Mrs. Couden to Evansville, Indiana, for permanent burial.

The sympathy of the community and of the medical profession will go with Mrs. Couden to her future home in Evansville.

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### Book Review.

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**HYPNOTISM.**—By L. W. DeLaurence, which is a complete system of method, application and use, containing everything that is known in the art and practice of Mesmerism and Mental Healing. Prepared for the self instruction of beginners, as well as for the use of general readers, advanced students and practitioners. All subjects fully and systematically explained.

Published by The Alhambra Book Co., Chicago, Ill. Price paper cover, 50 cts.; cloth, \$1.00. We take it this book is for those who wish to investigate the subject in a systematic way. It is intended for the physician and all business men to whom we can recommend it as the most concise work of its kind printed.

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Send 25 cents to Battle & Co., St. Louis, for a sample bottle of Ecthol. Manufacturers also of Bromidia, Iodia and Papine.

## Things to Remember

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THE CRITIQUE has the largest circulation of any medical journal published west of the Missouri River. Hence it is the best medium through which to advertise.

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DANGER AHEAD.—Hewitt: "I have been threatened with appendicitis."

Jewett: "Who threatened you, the doctor?"—*Factotum*.

---

Amos. J. Givens' Sanitarium, Stamford, Conn., treats all kinds of nervous and mental diseases, opium and alcoholic habits. The cottage system is adopted and is designed to combine all the comforts of a quiet home. For terms and other particulars address Amos J. Givens, M. D.

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VALUE OF A ST. LOUIS CHARACTER.—"Well, prisoner, you say you lived in St. Louis?"

"Yes, sir; and when I came to that town three years ago I had no character, but now—"

"What now?"

"Why, Judge, now I have a character, and—"

"That settles it. Ten dollars and thirty days," said the judge. "A man with no character at all is a better citizen than a man with a St. Louis character. Call the next case."

---

G. W. Flavell & Bro., 1005 Spring Garden St., Philadelphia, Pa., is the place all kinds of Elastic Stockings, Abdominal Supports, or trusses can be obtained at reasonable prices.

---

A QUESTION OF FUNDS.—"My doctor orders a trip to Europe for me."

"Did you follow his direction?"

"No. He presented his bill, and then took the trip to Europe himself."—*Washington Star*.

---

"Paraldehyd" possesses many of the good without the evil qualities of chloral. Used in insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyd (see page xii.) which is an elegant preparation.

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A CAUTIOUS DOCTOR.—"Do you think I'm a fool?" asked a violent fellow of Dr. Elmer, of New York.

"Really," replied the doctor, "I would not have ventured the assertion, but now that you ask my opinion, I must say that I am not prepared to deny it."

Enzymol.—A physiological solvent, deodoriser and healing agent. Dissolves by digestion, sloughs granulation and detritus, without attacking the normal parts. Fairchild Bros. & Foster, New York.

A doctor went west to practice his profession. An old friend met him on the street one day and asked him how he was succeeding in his business.

"First-rate," he replied. "I've had one case."

"Well—and what was that?"

"It was a birth," said the doctor.

"How did you succeed with that?"

"Well., the old woman died, and the child died, but I think I'll save the old man yet."

Soluble, Accurate, Permanent, is the motto when speaking of Parke, Davis & Co.'s Hypodermic Tablets. Try them and become a permanent user of their goods.

At a doctor's banquet in Germany, somebody proposed the toast, "Long live our doctors !,"

"What on?" asked a cadaverous-looking specimen, rising from his seat."

John Barber, manufacturer of medical batteries and attachments, electric bells, motors, storage and cautery batteries, 1515 California Street, Denver, Colo.

A New Yorker asked Wm. M. Evarts what he would charge for managing a certain law case.

"Well," said Mr. Evarts, "I will take your case on a contingent fee."

"And what is a contingent fee?"

"My dear sir," said Mr. Evarts, mellifluously, "I will tell you what a contingent fee to a lawyer means. If I don't win your suit I get nothing. If I do win it you get nothing. See!"—*New York Morning Journal*.

CONSUMPTION.—By T. J. Biggs, M. D., Stamford, Conn. L—M—; aged 12; admitted January 10th, 1898. All symptoms of a well defined case of anæmis; weight 75 pounds; also slight dullness at the right apex, indicating tubercular complication; the blood was lowered in quality; the sputum showed traces of tubercle bacilli. Treatment: a teaspoonful of bovine every three hours; also the following prescription in capsul—one minim pure beechwood kreasote, three minims oil eucalyptus, five minims oil cinnamon—three times a day. The pharynx, larynx and fauces were swabbed out with iodoform-bovine daily. Patient showed im

provement in a week ; sleep normal, digestion much improved, assimilation about normal, and strength increased. The case being further complicated by constipation, thirty grains phosphate of soda in half a glass of hot water were given every morning before breakfast. March 7th, the bovine was increased to a table-spoonful in milk every three hours. Improvement continued uninterruptedly until March 20th, when the patient was discharged perfectly well ; blood almost normal in quality by the microscope ; sputum without a trace of bacilli ; the deposit in the right apex cleared up ; weight  $97\frac{1}{2}$ , a gain of  $22\frac{1}{2}$  pounds in less than ten weeks.

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PROFESSIONAL VERACITY—

*The Lawyer :*

I slept in an editor's bed last night,  
When no other chanced to be nigh,  
How I thought as I tumbled the editor's bed  
How easily editors lie.

*The Editor :*

If the lawyer slept in the editor's bed  
When no lawyer chanced to be nigh,  
And though he has written and naively said,  
How easily editors lie,  
He must then admit, as he lay on that bed  
And slept to his heart's desire,  
Whate'er he may say of the editor's bed,  
That the lawyer himself was the liar.

---

SANMETTO IN CYSTITIS AND PROSTATITIS—ALSO IN GRAVEL.—

I used a bottle of Sanmetto upon myself. I was suffering with cystitis and prostatitis and received some relief. I think by continuing its use will effect a cure. My age is sixty-five years, not so easily cured as younger persons. We have a man in town by name, J. S. K., who had been suffering with gravel for years and had spent much with physicians. He used Sanmetto, and it would be hard to believe the amount of calculi that passed in a few days ; in fact it was disintegrated and passed so rapidly that he was forced to stop the medicine for several days. If desired, he will report the case himself. J. Y. DESHONG, M. D.

JUDSONIA, Ark.

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To be prepared for business send at once to Geo. L. Warren & Co. for a complete set of DePuy's Adjustable Fiber Splints. They will last you a life-time, and are always ready for use. (See ad. page vi.

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Catarrhal troubles abound at this time of the year. By the use



# HYDROZONE

(30 vol. preserved  $H_2O_2$  solution.)

( IS THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER. )  
HARMLESS STIMULANT TO HEALTHY GRANULATIONS.

# GLYCOZONE

(C. P. Glycerine combined with Ozone.)

THE MOST POWERFUL HEALING AGENT KNOWN.

**Cures quickly CHRONIC AND ACUTE ULCERS (Specific or not), SKIN DISEASES, ECZEMA, PSORIASIS, SALT RHEUM, ITCH, BARBER'S ITCH, CHILBLAINS, RING WORM, IVY POISONING, ACNE, Etc.**

Send for free 300-page book "Rational Treatment of Diseases caused by Germs," containing reprints of 140 scientific articles by leading contributors to medical literature.

Physicians remitting 50 cents will receive one complimentary sample of each, "Hydrozone" and "Glycozone."

**Hydrozone** is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

**Glycozone** is put up only in 4-oz., 8-oz. and 16-oz. bottles bearing a yellow label, white and black letters, red and blue border, with my signature.

## MARCHAND'S EYE BALSAM

cures all inflammatory and contagious diseases of the eyes.

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SOLD BY LEADING DRUGGISTS.

AVOID IMITATIONS.

MENTION THIS PUBLICATION.

**ECTHOL**, NEITHER  
 ALTERATIVE NOR ANTISEPTIC  
 IN THE SENSE IN WHICH THOSE  
 WORDS ARE USUALLY UNDER-  
 STOOD. IT IS ANTI-PURULENT,  
 ANTI-MORBIFIC--A CORRECTOR  
 OF THE DEPRAVED CONDITION  
 OF THE FLUIDS AND TISSUES.

SAMPLE (12-oz.) BOTTLE SENT FREE ON RECEIPT OF 25 CTS.

FORMULA:--Active principles  
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**BATTLE & CO.,** CHEMISTS ST. LOUIS, Mo., U. S. A.  
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FOR OVER 500 YEARS the Medical Pro-  
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 Water, as Nature's most wonderful Remedy for  
 Kidney Diseases and Stomach Troubles. Dr.  
 Karl Largenbeck, Prof. of Chemistry, Miami Col-  
 lege, Cincinnati, and one of America's most noted  
 chemists, speaking of Colo. Carlsbad says, "It is  
 therefore exactly of the Carlsbad, Bohemia, and  
 Egar Bohemia, Salz and Franz communer type  
 although one-third the strength." It surely is not  
 remarkable that this most rare and wonderful  
 water should be found in the world famous min-  
 eral state of Colorado. Write for 40 page book-  
 let of medical endorsements. No trouble to an-  
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MAIN OFFICE: 437 Sixteenth St., Denver, Colo.

**COLORADO CARLSBAD.**

of Glycozone and Hydrozone you can, in connection with your other treatment obtain pleasing results. Charles Marchand, sole manufacturer.

---

Fellow's Syr. Hypophosphites has been before the public for thirty years. "Time but the impression stronger makes"—the virtues grow with age, with this ideal tonic. Sold only to the medical profession. Read all about it on page vi.

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Doctor, kindly compare THE CRITIQUE typographically with other medical journals, and when in need of first-class printing, remember that John Dove is an artist in his line, and will treat you on the square. (See ad. on page iii., this issue.)

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"Talk health ; the dreary, never ending tale  
Of mortal maladies is worn and stale.  
You cannot charm or interest or please  
By harping on that minor chord, disease.  
Say you are well, or all is well with you,  
And God shall hear your words and make them true."

—*Lida May Smith.*

---

The test of time and experience. Thirty years of confidence on the profession, has established beyond all question that Syr. Hypophas Co. Fellows is the par excellence in Anæmia, Neurasthenia, Bronchitis, Influenza, and during convalescence after exhausting disease.

---

DePuy's Adjustable Fiber Splints are up to date. Manufactured by Geo. L. Warren Co., Niles, Michigan.

---

Have you tried Capiderma, manufactured by C. H. Howe & Co., Denver, Colo., for the removal of superfluous hair on any part of the body ?

---

The Colorado and Southern is by leaps and bounds fast forging to the front as the most enterprising railroad in the state. Such men as Trumbull, Fisher and Wellington ensures success to most any enterprise.

---

A RICH BLOOD MAKER, FERALBOID.—Sold only to the medical profession.

For literature or information write to The Argol Co., Danbury, Conn. Adv. on page xvi.

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Colorado Carlsbad is the proper water to use for all kinds of kidney affections and stomach troubles. Write for particulars to 437 16th St., Denver, Colorado.

Doctor May, Bloomington, Ill., will tell you how to cure Goitre. Further information obtained on page xv.

About this time of the year all doctors are visited by distributing agents furnishing samples of peroxyde of Hydrogen that are better than Marchand's or "just as good." We will state frankly that after using them, they are not as represented. Watch the label for Chas. Marchand, which insures reliability.

A CURIOUS PRESCRIPTION.—Dr. Moore, who had long worshipped Miss Jackson at a distance, was one day suddenly called to attend her. He found her suffering from no particularly dangerous malady, but she wanted him to prescribe for her nevertheless; so he took her hand and said impressively:

"Well, I should—prescribe—I should prescribe that—you—get—married."

"Oh, goodness!" said the interesting invalid, "who would marry me, I wonder?"

"I would," snapped the doctor, with all the voracity of a six-foot pickerel.

"You?" exclaimed the maiden.

"Yes."

"Well, doctor, if that is the fearful alternative, you can go away and let me die in peace."

Dr. V. E. Watkins, Asst. Surg., U. S. A., U. S. Gen. Hospital, Ft. McPherson, Ga., says:

"I desire your Gude's "Pepto-Mangan" for a patient convalescent from Typhoid and Malarial fever, in whom the resulting Anæmia was pronounced. I take pleasure in stating that the results in this case were entirely up to my expectations, being already familiar with the effectiveness of your product in such and other cases."

Now is the time to have your plumbing looked over by an expert such as T. J. White, 1543 Champa St., Denver, Colo.

FUDDY—Mrs. Browning always speaks of her physician, Dr. Stickker, as an "old war horse." Isn't it odd?

DUDDY—Oh, I don't know; they say he is a terrible charger! —*Boston Transcript.*

Man's back across track. Engine roars; man snores. Engine rushed; man squashed.

Widow snorts; seeks courts. Lawyer weeps; jury sleeps. Judge charges heavy largess. Jury hollers, "5,000 \$."

# THE CRITIQUE.

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VOL. VII.

DENVER, COLO., NOVEMBER 15, 1900.

NO. 11

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## Injuries of the Hand and Their Care.\*

By C. F. Stough, M. D., Colorado Springs.

In these days of mechanics the hand is subject to such a diversity of injury, that an article covering the subject allotted would be of great length.

We will content ourselves with but a brief consideration of the commoner forms, and endeavor to elucidate a few points in their successful treatment.

To systematize it is better that this subject be divided into two separate divisions. First, injuries with solution of integrity of the skin, including incised, lacerated, crushed, punctured, gunshot and infected or poisoned wounds; frost-bite, scalds and burns. The second division dealing with fractures, dislocations and sprains.

Incised wounds are made with an instrument with a sharp edge such as knives, glass, edge of paper, etc. The tissues are cleanly divided and the depth usually limited by the denser structures as bone and occasionally fascia vessels and nerves are divided—bleeding is free; but the immediate environment of injury is not traumatized. Infection and dirt is distributed over the surface.

Lacerated wounds result from instruments with a duller surface such as saws, catching on the points of nails, etc. The injury is ragged—vessels and nerves torn, tendons divided. Bone is often comminuted. Bleeding is less free than in incised wounds and infection and foreign material are liable to escape detection.

Crushing injuries are the most extensive in the destruction of parts. They are caused by an instrument more or less flat and

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\*Colorado State Medical Society, October, 1900.

of considerable weight or applied with force. The tissues in the vicinity are more or less devitalized and the limit of depth is not necessarily bone. Bleeding is not generally profuse. Fracture with comminution often accompanies, and foreign material is often deposited in the tissues.

In punctured wounds we have moderate laceration at times, of the softer structures while the fasciæ are only perforated. The vessels are liable to injuries of one or more coats, but of limited extent and very rarely divided. Therefore traumatic aneurism and arterio-venous aneurism are liable to result. The infection is often carried into the depths of the wound and the fascia and skin prevent discharges escaping. Anaerobic germs find these injuries favorable for development and tetanus, etc., may be a sequel.

Gunshot wounds resemble these wounds or combine punctures with extensive laceration and burns.

Burns and scalds cause a destruction or injury of the more superficial structures as skin, fascia; while frost bite is liable to produce gangrene of large areas of surface, fingers or the whole member.

In the treatment of these various injuries a great deal depends upon care in your examination and aseptic technique. The uninjured hand can never be made aseptic in the strictest sense of the term, but only relatively so. The injured hand is nearly always unclean macroscopically; grimy, sooty, greasy or *just dirty*. Nevertheless a surgeon has no moral right to introduce an unclean finger or instrument into a wound, simply because the wound is already dirty.

An aseptic condition of the hand of the profession should precede any handling of the wound. This should be followed by a thorough cleansing of the hand and wrist and even the forearm of the patient; which may be accomplished by scrubbing with a good brush, green soap and water to remove the grease and foreign material. By a second scrubbing with H<sub>2</sub> O<sub>2</sub> to remove stains and by copious flushing with bi-chloride 1-1000, which should be removed with equally copious flushing with warm sterile water or salt solution. Envelope the member in

sterile towels. After again sterilizing your own hand the wound is ready for *examination*. Instruments should be sterilized by boiling while making the preparation for examination.

The examination should proceed in a systematic manner and should answer the questions of *how* the injury was received, *what* was injured, *how* extensively, and does the wound contain any foreign material.

In a simple incised wound render the wounded surface aseptic and unite all divided structures after arresting active hemorrhage by pressure ligation or adjustment of suture. Remember to unite all divided tendons and large nerves with fine silk, carefully coapt the integument by means of silk worm gut and leave no "*dead*" spaces. Only in rare instances is it necessary to provide drainage.

In lacerated wounds trim out all devitalized tissue with instruments, whether bone, muscle or skin, and follow the before-mentioned direction as to suturing. Drainage is often needed, but if your sterilization and cleansing of the wound has been thorough the necessity seldom arises. Where the integument has been removed for a considerable surface it is best to employ the Thiersch method of skin grafting. Certain of these cases will of necessity be allowed to heal by granulation. If so the boracic acid hot wet dressing gives best results.

Punctured wounds can only be safely treated by free incision, and in the majority of cases after sterilization followed by packing to the bottom with iodoform or other sterile gauze; a surgeon's duty is never done in such cases until he has provided for free drainage after thorough cleansing. Sometimes in perforating wounds through and through drainage may be established instead of incision.

Bullets and shot should be removed when possible without *undue damage* to the structures of the hand, but a prolonged search, especially with a probe, is not desirable. I have many times sealed a bullet wound after thorough sterilization and have never had occasion to operate for the removal of the missile. The X ray is of value in determining the location of bullets and should be employed when possible.

Crushing injuries of the hand demand careful judgment as to *what to do*. Of the fingers never amputate unless examination shows that the tissues are so lifeless as to make gangrene inevitable. Many fingers may be saved by careful aseptic treatment that appear at first sight to be lifeless. Clean out the bits of separate bone and the ragged edges of soft parts suture accurately and dress antiseptically—of the hand amputate only the parts that are *destroyed* save every quarter of an inch. If the central metacarpal bones and tissues are pulpified and the fingers destroyed remove them and narrow the hand, or if possible remove the shaft of the bone and substitute (if the periostum is not entirely destroyed or if too great a space does not exist) decalcified bone or fresh aseptic chicken bone as advised by some. I would rather operate four or five times on a hand and save a *part* that appears slight and insignificant than remove it at one time even if it looks prettier.

The treatment of burns is often the opprobrium of our profession. Everybody has a different method, which indicates that nearly all are incomplete. I have had the best results from the use of strong solution of picric acid. The hand or part of hand burned is cleaned as thoroughly as possible, dressed in copious dressings saturated with solution of picric acid and covered with rubber protective or oiled silk. Relief of pain is frequently immediate and healing, is prompt usually without suppuration. The dressings need not be disturbed for several days, when they may be removed. Small burns may be relieved by application of essential oils. In deep burns, after separation of the sloughs, skin grafting should be employed after the well known methods. After burns about flexures of joints appropriate splinting must be employed.

Frost bites should be treated by gradually raising the temperature by rubbing with snow (the homeopathic antidote). In cases of gangrene of course mutilation is compelled.

In performing amputations, wherever possible form the flap from the palmar surface and *never have* it too short. This preserves the sense of touch, and besides the palmar skin is best adapted for bearing the brunt of infringement.

In any surgical procedure about the hand or fingers asepsis is a *sine qua non*. But especially is this true in interference with region of the little finger and thumb, particularly their palmar surface. The flexor tendons of these two members are contained in sheaths which are directly continuous with the palmar bursa. Infection of either of these digits is very prone to extend into that structure, causing all of the unfortunate sequelae of palmar abscess.

Amputation of the fingers as well as all other painful procedure on them may be rendered painless by the use of cocaine or by freezing with ethyl chloride. In using cocaine a small quantity may be injected along the course of the nerves on each side of the finger, but closer to the palmar surface than dorsal. A rubber constrictor prevents toxic symptoms.

In amputating in contiguity remember that the joints of the fingers are hinge joints formed by a more or less globular head articulating with a concave surface of the adjacent inferior bone, and the extremity of the globular head of the metacarpal or phalangeal bone can only be determined by flexing the joint. Then the level may be determined and your flaps formed accordingly.

While all traumatisms with breach of the skin may be considered as infectious they may be rendered so nearly free from contamination as to be practically aseptic wounds. With wounds that are the seat of germ action, (as all become unless properly treated) surgical treatment is very different. Render them as aseptic as possible, provide free drainage and subdue inflammatory action. For this there is nothing better than the hot dressing preferably made antiseptic by some mild agent, as Boric acid or soda bicarbonate. These should be used *hot* and copious and made to contain their heat and moisture by means of some impermeable tissue as gutta percha or oiled silk, and *must be changed frequently*.

Occasionally, in spite of most careful treatment, but more frequently as a result of slipshod hurried methods, ideal results do not occur. Infection takes place and healing is delayed.

Such cases must then be relegated to the class of inflamed wounds and treated as such.

"Superficial suppuration is controlled readily by cleansing the wound and drainage. This should always be followed by the hot wet dressings. Periostitis or other deep seated inflammation should be treated by early incision. Waiting for the pus to approach the surface is *bad* practice and has sacrificed many fingers. An early free incision cuts short the disease and saves the consequences of caries and necrosis of bone. Such an incision should be made with a scalpel and not punctured with the point of a bistoury. In this connection I would say that I seldom use a bistoury for the purpose of opening an abscess in any region. My reasons are that the incision in the skin made by a bistoury is seldom more than a puncture whereas we wish a gaping wound, also less liable to injure important structures. Remember that a free large incision in such cases heals as quickly as a small one and rarely needs to be followed by a second.

Diseased bone should be removed by a sharp spoon, or in favorable instances by the Hcl. treatment. Should paronychia develope, evulsion of the loosened nail must be performed. Palmar abscess should be opened early under general anæsthesia and free drainage by tube established after thorough cleansing. Remember the time of normal incision. When resolution occurs passive motion of the fingers should be employed. If stiffened fingers result from tendon adhesions, forced movement should be employed until they are felt to give way. This must be followed by frequent passive movement until normal function is restored.

Should an articulation be opened in any injury, or should articular surfaces be partially destroyed, an effort must be made to preserve the function by rendering it aseptic, etc., closing the capsule with fine silk or catgut. In case drainage is deemed necessary, as it often would be, a few strands of silkworm gut should be used. As soon as the injury has healed (ten to fourteen days) passive motion should be practiced to prevent ankylosis. Remember the cause of ankylosis is more frequently the effect of inflammation than of injury.

## FRACTURES, DISLOCATIONS AND SPRAINS.

Dislocation of the various joints of the hand are fairly common, much less so than fractures. The common dislocation of the phalanges is backward, although they may be displaced forward. The diagnosis is readily made. Reduction is seldom difficult and is best accomplished by over extension; in backward dislocation, bending the fingers backward until the joints surfaces are opposed, and combining this extension with traction, which is often necessarily quite forcible. A great deal more can be accomplished by gentle manipulation, than by strong energetic movements.

Dislocation of the carpometacarpal articulation of the thumb is usually reduced readily, but is often retained in position with difficulty, while the metacarpo phalangeal articulation is frequently only reducible by subcutaneous division of the *flexor brevis* tendon.

Carpal dislocations are so rare that they hardly need consideration. The *os magnum* occasionally is dislocated, but in such cases the condition is nearly always complicated by fracture often comminuted. Reduction by extension and direct pressure is the rule. Any dislocation of course presupposes ruptured lacerated ligaments and always should be followed by immobilization. After the injured structures have healed passive motion and massage must be employed until functions are restored.

Sprains of the various joints of the hand are common and must always be treated by immobilization until the lacerated ligaments unite. Splints, plasters, starch bandages meet the indications well. In favorable cases strapping with adhesive plaster may be useful, as in sprain of the ankle.

Fractures of the phalanges are readily reduced and easily retained in position by splinting. For this purpose, a well applied starch bandage has met the indications in my own experience. Fracture of the metacarpals should be treated by a palmer splint with padding in the palm of the hand. Great care must be taken to avoid tendon adhesions by frequent removals of the dressings and exercise by passive motion.

In conclusion let me impress upon you the necessity of careful detail in the treatment of these small and apparently insignificant injuries. A surgeon is not always measured by his successful laparotomies. The celebrated Michael Angelo was once asked why he, the greatest of sculptors, spent so much time on the hand of a figure, that being such a "little thing." His reply should be our motto, "The little things make perfection, but perfection is no little thing."

"Jeg i glad."

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### Anesthetics.\*

By Warren D. Howe, M. D., Canon City.

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In large cities and hospitals the surgeon has at his command the services of the skilled anesthetist, the specialist in anesthesia, a man who is trained to a high degree for this particular work, who gives all his time to it and to nothing else. In the country this luxury is denied the surgeon; the patient is deprived of this additional factor of safety, and the general practitioner, whose education along this line is not special, is often called upon to assume one of the greatest responsibilities incidental to a life that is filled with responsibilities. That he meets this demand upon himself and his skill successfully and with an almost unappreciable death rate is but a matter of every day duty.

In the large city hospitals much elaborate and costly apparatus is at hand for the administration of the anesthetic agent and for combating any emergency that may arise.

The country practitioner, on the other hand, in office or private house, is limited to the means he can employ for these purposes, so that the endeavor should be made to secure the greatest safety to the patient with the greatest simplicity of technic.

The controversy as to the relative safety of the various agents used for producing general anesthesia has waged practically since the discovery of Ether and Chloroform. In addition

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\*Colorado State Medical Society, October, 1900.

to using these two drugs alone or combined they are mixed with other drugs in varying compounds and with more or less success. The A. C. E. mixture has been much used, especially in England, but has not proved to be superior to either drug unmixed.

The Schleich mixture of Chloroform, Sulphuric Ether and Petrolie Ether, in different proportions to vary the boiling point of the mixture, was claimed by some enthusiastic advocates to be the coming anaesthetic, but has not fulfilled the hopes of its sponsors. After being used in 700 cases at Mt. Sinai Hospital (N. Y.) it was abandoned in favor of chloroform. Recently, Stone of Omaha has reported a death occurring during the use of the Schleich mixture. It has been demonstrated to be a mixture and not a solution, a certain proportion of the Sulphuric Ether remaining free in the mixture.

Willy Meyer of New York has made further attempts along the same line of adapting the boiling point of the anesthetic to the temperature of the body and has produced a true molecular solution of Chloroform and Ether with a boiling point of  $125.6^{\circ}$  F. to which he adds Ethel Chloride enough to lower the boiling point to  $104^{\circ}$  F. He calls the solution "Anesthol" and it is made by adding to  $119.5^{\circ}$  gms. by wt. pure Chloroform, 74 gms. absolute Ether. To lower the boiling point to  $104^{\circ}$  F. he adds 17 percent by volume of Ethel Chloride to 83 percent of the above mixture. Meyer has been using this solution for three years and informs the writer that it has proved entirely satisfactory up to the present time. It causes very little systemic disturbance, rarely vomiting, no struggling when beginning the administration, the patient is quickly under its influence and comes out quickly and the lungs and kidneys are unaffected. This seems to be a much more scientific combination than that advocated by Schleich and to be worthy of careful experimentation, especially as it substitutes a drug (Ethel Chloride) of known anesthetic properties for one (Petrolie Ether) of doubtful powers in this direction and of certain irritating effects on the respiratory membranes and the kidneys.

Packard of Boston demonstrated to the World's Congress

of Homeopathic Physicians at Chicago in 1893 the use of Ether vapor, which seemed very efficient but has by no means come into general use.

Murphy of Chicago has just returned from France and announced with "scare heads" in one of the Chicago dailies a "wonderful discovery" by Tuffier which will revolutionize the anesthetic art: viz., Lumbar puncture. The fact that the same thing was used by Corning of New York in 1885 and Bier, a German, later, before Tuffier took it up, detracts nothing from the sensational advertising which accrues to the "ethical" Murphy. After local anesthesia of a spot of skin a hypodermic needle is pushed into the sac containing the cerebro spinal fluid. If the sac is entered the fact is known by the leakage of a drop or two of the fluid and then a solution of cocaine is injected causing complete loss of sensation in all parts below the point of puncture. The method possesses great advantages, especially for operations on the lower extremities where Chloroform or Ether is contra-indicated: amputations at the hip joint, abdominal and other capital operations having been successfully performed under it. Nausea, tachycardia and oppression of breathing have followed, but Tuffier has reported 63 successful cases with no serious sequelae and knows of none. Murphy's claim of originality for the Frenchman will not deprive the American, Corning, of the credit due him for originating and using the method fifteen years ago.

Nitrous oxide gas has been used alone and in combination with Ether and with Oxygen. Its action is pleasant and very rapid, the patient being relaxed in from one to two minutes, without excessive mucus or struggling and it is claimed to be exceedingly safe. The complicated apparatus required for its administration demands a skilled operator and is calculated to frighten a timid patient into spasms at sight thereby not conducing to ease in anesthetizing.

Outside of hospitals its use does not seem destined to become general, until the method of administering it is greatly simplified. The administration of Oxygen gas with Chloroform vapor has been in successful use at the Denver Homeopathic

Hospital for a number of years and is still used there with no untoward accidents reported.

In spite of all the investigation and experimentation of the past fifty years, the surgeon, outside of the large medical centers, is still compelled to use either Chloroform or Ether or some mixture of the two drugs, and the writer would make an earnest plea for the more general use of Chloroform alone, believing that when it is properly and carefully handled, it is the safer agent, especially in the dry climate of Colorado.

As to the statistics of relative safety, to be of value they should include not only deaths occurring during the administration of the anesthetic, but also those occurring afterwards and directly referable to it. Gurlt's statistics, which contain both items, show two immediate and eight subsequent deaths in 11,669 Ether cases, or one death in 1,167. In 33,083 Chloroform cases there were sixteen immediate and two subsequent deaths, or one in 2,647. Neve of Cashmere, in a paper read before the British Medical Association in 1898, found from the records of the five principal hospitals of India that in 15,800 administrations of chloroform in one year there were but two deaths. In 78,400, extending over a longer period, there were but three deaths. Surgeons responsible for over 100,000 cases claim to have had no deaths. Both Richardson and Clover claim that cold and moisture make it more dangerous. Chloroform was used almost altogether in the field hospitals during the late Spanish-American war, and to the best of my knowledge, not a single death was attributed to its use. I am aware that statistics are published showing that the contrary is true, but I believe most firmly in those supporting my contention.

Chloroform should always be given according to the recommendations of the Hyderabad Commission, that is, quietly, slowly and mixed with much air. The most efficient apparatus is the simplest. A drop bottle and an Esmarch or Berlin inhaler covered freshly for each case are all that is required—always use fresh Chloroform—Phosgen gas is formed in Chloroform that is long exposed to light and air and is highly poisonous. A good plan is to buy it in 100 gm. bottles and use a fresh one for each

operation, turning on a few drops at frequent intervals. Struggling and strangling are caused by crowding the patient under too rapidly and should be avoided. A handkerchief wrung out of hot water and laid over the eyes will prevent their being irritated, and if the patient is being anesthetized in the same room in which the operation is to be done, will shut out the sight of instruments and nerve disturbing preparations.

Watch the heart first, last and all the time, for it is the organ generally affected and often in the first state of anesthesia. The pulse rate itself is not significant so long as it is regular, but if there be intermissions should be very carefully handled. The rapid pulse of nervous patients will generally quiet down and approach the normal both as to rapidity and force as soon as consciousness is lost. The respiration should also be carefully noted. Yawning in the first stage may be the first symptom of failing respiration and pallor of the lips should give warning. Judge the activity of the circulation by pressing on the lips and noting how rapidly the color returns. You may anticipate somewhat how the patient is going to stand the anesthetic by the presence in unfavorable cases of Lehman's sign, the eye lids remaining half open and returning to that position when forcibly closed and then released. In the ordinary case which takes the anesthetic well, the eyes are shut naturally and remain so.

Sudden and wide dilation of the pupils demands instant stoppage of the anesthetic and most active stimulating measures. Don't cause a traumatic (?) conjunctivitis by frequent and brutal ramming of your finger in the eye of the patient to see if consciousness is lost.

The operating room should be warm, at least 80° F. and dry, because as mentioned before, these conditions conduce to safety. In a patient with a weak heart dry heat applied over the precordia is a valuable measure.

In case vomiting should begin in the early stage of administration crowd the Chloroform until the center in the cord controlling that act be overcome. As soon as the Chloroform is withdrawn, substitute on the inhaler ordinary table vinegar and continue its inhalation for hours, or as long as any tendency to

nausea remains, which will prevent or at least lessen much post-operative vomiting. When the operator is about to sever the optic nerve or dilate a sphincter take away the inhaler and allow the organism to recover from the effect of the reflex shock. Too often the anesthetic is crowded at this time to the great danger of the patient.

Do not use morphine as a routine practice before beginning the administration of Chloroform or any other anesthetic. Its effect on the pupil renders that reflex valueless, and with some patients the tendency to vomiting is greatly increased. *Never* use it with a patient in stupor or traumatic shock. Its use is desirable in certain fractures where any motion, especially struggling, are contraindicated.

In addition to Strychnine and Nitro Glycerine the writer has found in Spartein Sulphate 1-10 grain hypodermically a powerful heart stimulant.

In any and every serious operation Normal Saline Solution at 120° F., and the simple apparatus for giving it should be at hand for instant use, as it is a means of combating collapse or shock that is invaluable. Dilatation of the rectum with a Pratt speculum is a simple proceeding and quickly done and has restored respiration in many cases.

In a paper of this length it is not possible to mention all the details of the technique of so important and responsible an operation as the anesthetization of a patient, the main object sought being to encourage the idea that Chloroform carefully administered is a safer anesthetic for the general practitioner to use in the majority of his cases than Ether or any mixture of these or other drugs.

If Chloroform be positively contraindicated the "Anesthol" solution of Meyer would seem, though the writer has not used it himself, to be as safe and practical as anything that is at the command of the surgeon outside the hospital.

**Facial Neuralgia.\***

By Edwin J. Clark, M. D., Denver.

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Under this term we include two different varieties of neuralgia of the fifth nerve. The first being the simple, sympathetic or reflex variety, and the second, the essential or tic douloureux. This simple variety is the most common form of neuralgia. Local or reflex dental troubles, errors in refraction, or nasal disease, are the most frequent causes, especially when grafted upon a run-down condition of the constitution.

The pain is located in the area of distribution of the fifth nerve, usually limited to one branch. The local cause of the disturbance may be located upon one branch, while the pain is felt upon another though when a diseased tooth is the cause, pain and tooth usually occupy the same area. The pain is of a sharp lancinating character, as a rule, though it may at times be a dull ache. It may last from a few hours to a number of days. Associated with the pain are various symptoms of sensation, as pressure, tension, numbness, formication, hyperesthesia or anesthesia. Muscular twitchings or spasms may occur. Noises in the ear, flashes of light before the eyes, disturbance of vision, photophobia, profuse lachrymation, may any or all be present, with many other disturbances of sensation or function.

The diagnosis consists in determining the cause and the pathological changes present. Examine the teeth and gums very carefully, notice the condition of refraction, and the presence of constitutional conditions. Remember that while you can modify the condition with your homeopathic remedy, you cannot cure as long as the cause remains, so search for the local focus of irritation and remove it. Then prescribe your homeopathic remedy for the constitutional condition.

The essential, or tic douloureux, also called Fothergill's neuralgia, or epileptiform neuralgia, is quite a different affection from the simple variety. We understand very little as to its etiology beyond the fact that it occurs principally in the latter years of

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life, when degeneration of tissues is apt to be present. Its pathology is largely speculative, though it has been found associated with cranial and intercranial disease, with a low grade of neuritis and nerve degeneration dependent upon an obliterative inflammation of the arteries supplying the nerve.

Short darting pains that come without warning, in paroxysms of a few seconds to a few minutes, and then disappear as suddenly as they came, furnishes a peculiar symptom to distinguish it from the simple form. These paroxysms may recur many times through the twenty-four hours, may at times be almost continuous, and again may disappear for days or weeks at a time. Early in the disease the pain is limited to one branch of the nerve, though later other branches appear to be sympathetically or organically affected. When the paroxysm occurs the patient presses with the hand upon the affected spot; this pressure may cause local changes in the parts. During the paroxysm, local twitchings of the muscles, lachrymation, coryza or salivation may occur, any or all of them, or they may all be absent. Slight irritation of any kind may bring on a paroxysm. In these cases, and sometimes in the simple variety, sensitive spots are found in various parts of the face where the affected nerve branch closely approaches the surface. If you will remember the peculiar paroxysmal form of this variety, and its freedom from local cause, the diagnosis will be easy. Where organic changes are the cause of the disease only a very careful clinical investigation will show its presence. The prognosis is not generally favorable.

Organic changes would furnish a decidedly unfavorable prognosis. The tendency of the disease to appear and disappear makes it hard to say when a cure is secured. Cures with medicine are recorded. Galvanism, by restoring the tone of the arterial circulation and its action upon the nerve itself, furnishes a more favorable outlook in severe cases than surgical measures. Surgery gives relief for seldom longer than two or three years.

Bartlett says the treatment includes the thorough treatment of the patient, and that the physician should forget the pain except as an evidence of disease. He considers routinism in prac-

tice as most pernicious, and says it is a certain barrier to the treatment of neuralgia.

We have under treatment now a patient aged 45 of a tubercular diathesis. The left side of his face is full of old roots, snags and decayed teeth, which he hangs onto with the determination of grim death, though we keep insisting upon the pulling of the teeth as a requisite to a cure of his neuralgia. With remedies we have modified and limited the severity and lessened the number of the attacks, but exposure to the weather, to damp or cold, often brings on an attack of neuralgia, affecting, when severe, the entire facial distribution of the nerve when light, limited frequently to the brow ague form.

In July, 1899, a patient presented herself at Dr. Kehr's clinic with the following symptoms: Condition had been present for four years steadily growing worse. Any touch or motion or slight irritation of a spot on right upper lip near the alae nasi brought on excruciating pain as if a dozen bees had stung her all at once. On attempting to talk, the attacks would continually come, and at each attack the spot was covered with the hand and firm pressure made, except just at the point of irritation. She was given Apis 3x every hour and referred to my clinic, at which she reported five days later not much improved. Sleep was poor, both owing to her neuralgia and environment. Appetite was very poor. She was in an extremely run down condition, very nervous and apparently considerably worried over family matters. She was baking for a livelihood, which kept her most of the day in a very hot kitchen. Apium Virum 60x was given, followed two weeks later by Sul. 2 m. One month later Sul. 70 m. two months later Apis cc., one month later Apium 90x, another month Apis cc, the next month Nux cc. In April she had an attack of La Grippe which she weathered very nicely, and reported only a slight aggravation of the pains at that time. There is now no difficulty in eating, in washing the face, no trouble in talking. Pain of a very slight degree was experienced for a short time in April up under the eye. Since the first of April she has been so well that I have only seen her twice, when from some cause or other a faint reminder of the disease lead her

to think of her doctor. The effect of the Apium when first given was to change the pain from the stinging character to a sharp, knife-jab spreading over the portion of the face where the 2nd division of the 5th nerve was located and to modify the frequency of the attacks. She was then given Sul. on account specially of the constitutional symptom. This remedy produced marked amelioration of the local condition, as well as improvement in general health. In eight months and sixteen days she was given eight doses of medicine. In the last five months no medicine or placebo has been given.

Even the most skeptical student in attendance at the clinic had to admit the results obtained in this case due to high potencies. The evidence was too marked to deny.

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### Some Cases From Practice.\*

By A. J. Clark, M. D., Loveland, Colorado.

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In my own experience the Homeopathic law of cure has been most beautifully illustrated in the treatment of rheumatism. This is shown in the following cases :

*Case First.* A day laborer, exposed to inclement weather, was taken with articular rheumatism. Nearly every joint was red and swollen. Pulse 110, pains severe. Gave Acon. 3. The next morning his mother called at my office saying, "that her son had not slept any on account of pain, that the suffering was very severe, and he could not endure to remain in bed ; that he had to get up constantly and move about, as much as he could, for in this alone he found the greatest relief. Yet he was soon obliged to lie down again, because the motion wearied him so much."

Here we had the *Rhus Picture*, Acon. and Bry. had been the indicated remedies in my previous cases. They were aggravated by motion, and relieved by perfect rest. Here was the antithesis :

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\* Colorado State Medical Society, October, 1900.

worse at rest, better by motion. I sent Rhus 3, with direction to call and report the next day.

The woman came the next day, rejoiced, to report "that after taking the medicine through the day the pain all left him, and he had slept all night, and got up in the morning entirely free from pain and lameness, and thought he was all right;" and so it proved.

*Case Second.* Mrs. H., a middle aged woman, suffering with inflammatory rheumatism, involving the hips, knees, ankles, and feet, pulse 100, unable to move, could not lie down. Had spent three days and nights bolstered in a big chair; could not sleep on account of pain. Prescribed Acon. 3, and covered the parts with dry cotton. The next day found but little change; pulse not quite so high, and she thought the pain not quite so severe; but was wearied out for want of sleep.

The disease having followed close upon damp rainy weather, I prescribed Rhus. Found my patient not so well the next day. What was the matter? I asked if there was any time during the day when the pains were aggravated. She said that she commenced to get worse every afternoon about four o'clock and was very much worse until about ten in the evening, then the pain would ease up a little and she would not suffer so severely, although she suffered enough all the time. I then asked to see the urine, and found the bottom of the vessel covered with brick dust sediment. Here was the child of promise, and I prepared a few drops of Lycopodium 30 in a glass part full of water, with directions to take once in two hours, and I would not call the next day, but would call the day following.

The forenoon of the day I was to call, this woman gave me a great surprise by walking into my office, entirely free from rheumatism, walking as easily and nimbly, she said, "as she ever did in her life." When asked how long before she began to improve after taking the medicine, she said, "almost as soon as taken, and by the time for the second dose I felt the pain and swelling all dropping off like a garment; it was the most remarkable sensation I ever experienced."

I think that even the most bitter Allopath could not remain

in doubt as to whether the medicine or the hygienic regulations so promptly and manifestly relieved these severe cases.

Up to this time I had treated a number of severe cases of acute inflammatory rheumatism mainly with Acon. and Bryo. running a course of from one to two weeks. I had used Rhus. colchicum, and Tartar emetic without any manifest benefit.

Since that time we have added to our armamentarium verat. v. cimici, salicylate of sodium, and some other important remedies.

These cases show us the importance of a careful study of each individual case, and the selection of the right remedy.

There is one other case I want to present in this paper. Not a rheumatic case, and I hardly know what to call it, unless it was a case of malpractice, but then it was from regular practice and must be legitimate.

Mrs. F., æt. about 55, was feeling quite poorly and sent for the family physician. She did not improve under treatment, but rapidly grew worse, and became desperately sick. He diagnosed the case as Typhoid Pneumonia, and as the treatment failed to relieve, council was called in, and still the case grew more desperate, and more council was called in, until there were five of them, enough to kill a half dozen women.

The case had now been running ten days, and they all met in consultation and finally decided that she could not live longer than until midnight. The family were so informed and the doctors administered a large dose of morphine to save her from suffering, and left another powder with directions "that if she arose to give it and make her death as easy as possible."

Her sister was with her, and after the doctors left—it was then four o'clock P. M.—she begged them to send for Dr. Clark, her family physician. They objected, saying that he is nothing but a Homeopath, and what could he do with nothing but sugar pills, when all the doctors with strong medicine couldn't help her? The aunt said to the children, "I know they have given your mother up to die, and she may die in spite of anything that can be done, but while there is life we ought to do what we can, and I want you to send for Dr. Clark, and if he can't do any good

he will do no harm; please send for him right away and I will pay for his visit."

They sent the youngest brother, telling him not to tell the doctor anything about the case, and when I asked him what the matter was, he said they told me not to tell you anything. I found all the family crying, and without a word they pointed to the room in which the mother lay, and I distinctly heard heavy breathing and moaning.

The sister met me saying, "I have had hard work to get you here, and now I want you to do all you can."

I asked about the case, and she replied "that the family didn't want me to tell you anything, they want to test you. I will say, however, that she has been sick for some time and given up to die." With this information I took my time to make a thorough examination. The patient was in a dead stupor; stertorous breathing and moaning; the eyes dilated, face dark red and features distorted. I examined pulse and respiration. Pulse full and slow, respiration irregular and breathing heavy. I placed my hand on the chest to get the respirations and the sister said, "that lung is all gone." "Indeed," I remarked, "the air seems to find its way through it." I then moved my hand down over the abdomen; it was full and hard, a slight pressure made the patient groan. A careful examination revealed the fact that the bloating was local, directly over the bladder, and that the sides of the abdomen could be indented. I turned to the sister and asked, "How much urine has this woman been passing?" She replied, "Only by drops for the past three days." I then took out my catheter and drew at least six quarts of urine. I did not know that the bladder could hold so much, but it did, and I relieved it just in time to save it rupturing.

The doctors had said "that it was the last stage of the disease, and dropsy had set in."

I prescribed nux, which I nearly always do when following old school treatment. I told the family that they might dry their tears for I had found their mother's lungs and she would now get well. They had told them that her lungs were gone and there was no hope of recovery. Under Cantharis and Ar-

senicum she improved rapidly, and on the third day was able to sit up and have her bed made. She went on to full recovery, and we scored one more for Homeopathy.

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### Exophthalmic Goiter.\*

By W. A. Burr, M. D., Denver.

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Exophthalmic Goiter is a comparatively rare disease, and its nature is, as yet, but imperfectly understood. The records of the Board of Health of Denver show only one case of death from this form of Goiter in four years.

The term means enlargement of the thyroid gland with protrusion of the eyes.

Synonyms: Graves' Disease; Basedoro's Disease.

Exophthalmic Goiter is a nervous disease of unknown origin characterized by (*a*) swelling of the thyroid gland, (*b*) protrusion of the eye-balls, (*c*) rapid pulse and (*d*) tremors. There is disturbance of the sympathetic nervous system, its supposed seat is in the medulla oblongata and there is a general state of chronic intoxication. It is a grave disease as compared with simple Goiter which is merely a chronic hypertrophy of a part or the whole of the thyroid gland with but few constitutional symptoms.

It is usually found only in women and adults, but it may occur in either sex and early in life. Heredity influences its development and it is most frequent in persons of a neurotic tendency.

Mental or physical strains, worry, protracted or severe acute diseases all tend to produce it. Among its causes are pregnancy and certain affections of the nose, and it may be a result or complication of simple Goiter.

Usually gradual in development, in some cases it is quick, at least one case proving fatal in three days and another in a few months. In the acute form there are vomiting, purging, tachy-

cardia and delirium. In the great majority of cases the disease is gradual in development, but rapid heart action even to 160 may be an early symptom. Loss of breath and palpitation of the heart are distressing symptoms.

Exophthalmos from swollen vessels back of the eyeballs is an ever present symptom. There may also be an excess of fat, and as the eyes are closed there is a rim of white above and below the cornea and "immobility of the upper lid when the eye is turned downward. There is also a visible pulsation in the enlarged gland; palpation reveals a thrill and auscultation may detect a systolic murmur."—*Enders*.

Tremors of the extremities set in early and mental disturbances even to melancholia and mania are common. Elevated temperature, muscular weakness, anorexia and emaciation are present.

Sweating, pigmentation, urticaria and oedema are sometimes present, and in rare cases there is epistaxis, hemoptysis or hematemesis.

Some claim there is diminution of chest expansion. Rarely myxedematous conditions or scleroderma may be associated.

The diagnosis is usually easy. When the four symptoms, enlarged thyroid gland, protrusion of the eyes, rapid pulse and tremors are present, the disease is Exophthalmic Goiter.

The treatment may be hygienic, medicinal, or operative.

Good food and clothing with freedom from care and worry should be secured. A change of climate and environment are beneficial; a moderate altitude is not objectionable. A mild, continuous galvanic current is recommended, and wet packs with massage may be profitably utilized.

Of the medicine to be used, belladonna, arsenicum, iodine, natrum mur., spongia and lycopus are the ones more commonly indicated. *Fucus ves*, some believe is the best remedy. The old custom of using iodine tincture externally seems to be going out of use.

Some have great faith in thyroid feeding, even where the gland is hypertrophied, while others believe this is detrimental and even dangerous. Extract of the supra renals has also its ad-

vocates. All agree that this disease is slow to respond to any remedy, and that many cases resist all medicinal treatment.

Operative measures have not been very satisfactory. Complete removal of the gland is liable to be followed by myxedema, and other operations have resulted in poor success. Injections into the gland of iodine or iodoform preparations have resulted in some cures, and division of the sympathetic nerves supplying the gland has in some cases been beneficial.

My experience with the disease has been limited. The following case, still under treatment, may have some points of interest:

*Case.* Mrs. — came to me June 4, 1900, with thyroid gland enlarged to about ten ounces in weight, most on the right side, protrusion of the eyes, rapid pulse and tremors, mostly of the hands. She had been taking treatment from an old school physician for several weeks without receiving any benefit. I gave her belladonna 3x.

In four days she returned; pulse 130, temperature 99.3°. She was very nervous and excitable and greatly worried over her condition. Ars. iod. 6x was prescribed. She was also given some of Gunther's Goiter remedy of which she was to take three grains night and morning, commencing with the new moon three days hence.

June 13th, she was less nervous and the pulse had lowered to 120 and the goiter remedy was prescribed to be taken alone.

June 18th, the pulse was 113, temperature 99.5° and respirations 32, and she was more nervous than ever with distressing shortness of breath. Not trusting herself to go out alone she brought her daughter with her. Having improved in all respects while taking ars. iod. 6x, I again prescribed it alone, making no further use of the goiter remedy.

In two days her husband announced that she was no better. I then gave her Thyroid Extract P. Davis and Co's. preparation, two grains t. i. d.

In two days there was no change for the better; pulse 118, temperature 99.6°, respiration 29. Thyroid extract continued, two grains four times a day.

In three days, June 26th, the pulse was 114 and the temperature 98.6°, respiration 33. She was moreover *very* nervous and steadily growing weaker with tremor of all the limbs and loss of appetite. In addition to the thyroid extract cimicifuga 4x was given.

June 29th, she was still weaker and more nervous with pulse at 110 and temperature 99.4°. I then gave her citrate of iron and strychnine 3x, a grain tablet three times a day, also valerianate of zinc 3x, two grains at bedtime.

In three days there was no change for the better, but the same preparations were continued, a plentiful supply of grape juice being added to the dietary.

In four days more the pulse had lowered to 107, temperature 99.1°. To the greatly excited and nervous condition was added frequent urination. The thyroid extract, also the citrate of iron and strychnia, were continued.

In three days more, July 10th, she was in the same condition, when Hensel's Tonicum was substituted in place of the citrate of iron and stychnia.

In ten days more she was considerably better. The tonicum was continued, and because of a photophobia that had developed she was again given belladonna in the 3x.

In seven days more she was found to be in about the same condition, except as to her appetite which was much better, and the frequent urinations which had ceased. The anxious worry about herself, and the tremors of the limbs and the general nervousness continued. All this time the gland steadily increased in size and became more firm in consistence.

A careful study of the case revealed quite an array of symptoms calling for pulsatilla, which was given in the 4x, all other medicaments to be discontinued.

Under this remedy she was soon much better and the improvement has continued save and excepting the enlargement of the thyroid gland.

September 4th, her appetite is good, the urinary symptoms are normal, there is less of the exophthalmos and the pulse 98, temperature 99.1°. The nervous anxiety is all gone and the im-

provement is most satisfactory. At this climacteric time of her life the pulsatilla has been of value. The Hensel's Tonicum promptly improved her appetite and improved the nervous condition. But thyroid extract was of little or no value. Gunther's Goiter Remedy did no good, while the belladonna, ars. iod. cimi., valerianate of zinc and the citrate of iron and strychnia gave little or no permanent relief. But she has steadily, and under the circumstance, rapidly improved under pulsatilla 4x. The climacteric, as a factor in causing the disease, was not sufficiently considered at the beginning.

The symptoms indicating pulsatilla were: a gentle, timid, yielding disposition; tremulous anxiety; a feeling of anxiety about the heart; out of sorts with everything; vertigo; frequent urinations with profuse flow. Climacteric with sudden and complete cessation of the menses. Palpitation of heart, especially after eating; anxious trembling sensation in limbs.

The conclusion is: The Homeopathic remedy is the best for purposes of cure, even in this intractable disease.

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### Tedious Labor.\*

By Clinton Enos, M. D., Brighton, Colorado.

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As physicians we are troubled more or less with cases of prolonged labor. There is nothing more exasperating than to be called during a busy season some eight or ten miles into the country to attend a confinement that is all right every way except that it is progressing very slowly or perhaps is not making any progress at all. Perhaps the pains have been coming with more or less regularity for ten or twenty hours, yet there is no progress. If the patient were in town you might leave her for a time to attend other patients and be in easy reach when actually needed. But away out there it is not expedient to leave. You are expected to remain, even if it takes all day, and yet this is hard to do, especially when there are others waiting at your office, very anxious to see you, or perhaps you have others who

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\* Colorado State Medical Society, October, 1900.

are sick with pneumonia or typhoid and it is necessary that you be at their bedside in an hour or two. We have all been in such predicaments and are anxious to be able to hasten things up and get away as soon as possible.

We have certain remedies with which we can hasten labor to the normal standard without injuring the patient in the least. We do not give strong doses, that will make the uterus contract sufficiently to force out everything that it may contain, for that method is very apt to ruin the patient. What we do, is to correct the inharmonious action of the muscles or stir up the sluggish ones. Remedies that remove these conditions establish normal and rapid labor, and that is all that a doctor can wish. This is true "if the position of the foetus is normal, but where there is mal-position and pains are coming on, I would not advise the giving of remedies and waiting for the position to be changed. Here I know from experience it is better to use manual effort to correct the position, if one is called early enough, than to let the case go on to a breach or shoulder presentation. This procedure of letting mal-position take its course takes several hours of time as well as causing a great amount of danger to the foetus and suffering to the mother. Where dilation is complete, we may resort to the forceps when remedies fail to cause the head to descend. Also where the head is lodged in the pelvis and no progress is made for a half hour or so, we may, or rather should, apply the forceps. In other cases where everything is normal, except that dilation is slow or where inertia exists and when pains are more or less irregular, our dependence is upon remedies.

The object of this paper is to recall a few remedies that are the most commonly indicated for prolonged labors. I may say that these cases are not very common, but when we do meet them we ought to be able to hurry them up.

Act. rac.: Labor pains are severe, tedious or spasmodic, with fainting fits or cramps; sharp pains shoot across abdomen, or severe pains in inguinal region, putting stop to progress of labor; shivers in first stage of labor; the os uteri is rigid; pains are severe, but to no purpose; very nervous; seems to go into

convulsions ; there is no progress and the case may drag on for hours.

Arn.: This is a remedy that does not have any special affinity for the uterus, yet it has been of great use in these cases. Whether it is indicated in the beginning or not I do not know. I never think of it unless in some cases where I have been called late and the patient is all worn out and so sore that you can hardly touch the abdomen, yet labor has not progressed but a very little in the first stage. The patient's head is apt to be hot and body cool. In cases of this kind I have seen Arn. 200 relieve the soreness and establish order in ten minutes, so that in half an hour the child will be born.

Bell.: This is a uterine remedy. We find the patient flushed and hot and much excited. There are violent pains and great distress, but no progress. The os uteri is spasmodically contracted—the os being thin and rigid. Bell. turns this into the normal condition and labor will proceed naturally. Otherwise a half day, might be spent in waiting for the case to get into shape for delivery to take place.

Caul.: "The labor pains are weak, do not press downward, but pass off with a kind of shivering. Inefficient labor pains which do not press downward but fly in all directions." The pains may be severe enough, but there is no expulsive effort. This wears the patient out and she becomes exceedingly weak. This condition may last for a day if not corrected.

Caust.: I have never used this remedy for these cases, but it has great reputation for uterine inertia with great relaxation of the tissues. I have used it successfully after labor where there is no desire or ability to urinate. It relieves the paralytic condition, here and also might do so in labor cases.

Cham.: The patient is in a vehement temper and is hot and thirsty. There is great impatience. The pains are spasmodic and very distressing and almost drive the patient crazy. The pains are in the back and extend down the thighs, or else up the back. "Don't take hold right," she says. I was called once to a case like this where a mid-wife had exhausted all her resources for a day and night in a vain attempt to have the labor com-

pleted. A dose of Cham. dilated the os in twenty minutes and the child was born three minutes later.

Cup.: There are violent cramps in the extremities or uterine region. The labor pains start as a cramp in one part and spread all over the body; this remedy here establishes order in a few minutes and labor proceeds naturally and rapidly.

Gels.: There are severe pains that run to back and up spine, at times going to throat and causing choking, or pains may fly all over the body. Much nervous excitement, the os is thick and hard and unyielding; or the patient is dull and drowsy with complete atony of uterus, and there is threatened apoplexy from congestion to the head. Many a patient has died in this condition for the lack of Gels.

Ignat.: This remedy should be thought of in hysterical women where the pains are too weak to do any good and it would take about a week for labor to be completed.

Kali carb.: This patient is weak and flabby, with severe backache; wants back rubbed and pressed; great quantity of gas in abdomen; there are sharp and shooting pains that start in the back and pass off into hips or thighs without any progress to labor. This condition may exist for hours unless corrected by this remedy.

Lyc.: There is no remedy that comes anywhere near doing as much good to a pregnant woman (when indicated of course) as Lyc. If the patient who needs it receives it before labor, everything will be serene and lovely at the trying moment. Otherwise at labor time, we find her weeping and prancing the floor, with pains running upward, or from right to left, and then sudden weakness comes on as if the patient would die of sheer exhaustion. This condition may last for ten or twenty hours unless cured by Lyc.

Nux-Vom.: The labor pains are excessive and violent; spasmodic, causing urging to stool or to urinate; pains worse in back; wants it rubbed; wants to walk about or stand; wants heat applied. After a while the pains wear out and almost cease, but she is as irritable and snappish as ever. This may go on for hours. For dry labor Nux-vom. will do more good than all

other remedies put together. Give a dose and wait till labor comes on, and then in one-half to three hours, all will be over without any fuss or bother.

Plat.: When we have a haughty, voluptuous patient, with extreme sensitiveness of vagina and external parts, so much so that a local examination will nearly produce convulsions, and labor pains are tormenting and on the left side, and finally almost cease, it is a Plat. case.

Puls.: This patient is full of false labor pains, shivers, is oppressed for breath and must have windows open for fresh air. There is a great amount of palpitation. At first the pains may be severe enough, but there is not enough expulsive power. The pains may work up into the stomach and cause vomiting. There is usually a good deal of restlessness causing the patient to move slowly about, or if in bed to change positions frequently. I have been called to cases of this kind where they waited for an entire day for labor to take place. A dose of Puls. corrects things in a few minutes.

Secale; Under this remedy the first pains are very severe; in fact more so than under any other remedy. They are so severe that as you step into the room you think it is the last pain, but an examination finds the os hardly dilated at all. The pains are so severe that convulsions may come on. Each pain is of long duration. After a while this state of affairs wears the patient out, and then comes a long period of do nothing. Everything is loose and open without action. A dose here will save hours of waiting. If this condition occurs in scrawny women whose flesh is cold and yet they do not want covering, so much the better selection. We must not use strong doses of this remedy as it has done great harm. If it is a Secale case a dose of the 200 will establish order in a very few minutes, and if it is not a Secale case, hunt another remedy to which the case is susceptible. No greater calamity could ever happen to a woman than to be drugged with the crude Secale. It has been my observation that when it has been given during each labor, every succeeding labor was harder, but after I took the case every suc-

ceeding labor was easier. This has not been observed in one case, but in many.

Sep.: In my opinion this is one of the most difficult remedies there is to prescribe. Its symptomatology is full, and we have all sorts of descriptions of what a typical Sep. patient is like and all that, but still the task is difficult. The way I get along in labor cases is this: If I find Puls. symptoms present, and a great deal of soreness of the pelvic contents, and the patient wants heat, I give Sep. This may not be scientific, but it works like a charm.

Before closing this paper I wish to say a few words about cocaine and chloroform. About a hundred physicians have "discovered" that a thorough application of the ten per cent. solution of cocaine to a very rigid os would cause it to dilate rapidly and painlessly. I have never tried it, but it might be well to remember it in this connection. Chloroform is useful also where there is a very rigid condition of the os. I have used it in two cases. They were wild with pain and bent their backs backward like a rainbow. I could not select the remedy for them, so I chloroformed them and then labor progressed normally.

There is another thing we ought to be familiar with, and that is, if we are called to a case that has been in labor for a day or two and perhaps longer, and we select the proper remedy and give it in a high potency, the patient is very apt to go to sleep and sleep as naturally as a babe for two or three hours, but as soon as she wakes up she will be refreshed, and labor will proceed naturally and very rapidly. We may object to waiting while the patient sleeps, but often we remember the terrible agony and distress that she endured at the hands of a midwife or some incompetent doctor, and then we ought to have enough charity for the poor woman and wait. But when we are called at the beginning of labor and select our remedy properly, there is no long waiting.

**Mercurius Corrosivus.\***

By Walter A. Corson, M. D., Denver.

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I desire to call your attention to the action of Mercurius Corrosivus on mucous and serous membranes. On these two structures it centralizes its violent, corrosive action, producing a grade of inflammation remarkable for its rapidity of onset, and the wonderful energy which it displays in approaching the dissolution or death of the involved area. From the symptoms which it produces in these structures, we are enabled to deduct a range of therapeutics which we may apply frequently to the cure of disease, and always with confidence that favorable results will follow its careful administration. Let us first observe its action on the eyes and nose.

In the eyes, the inflammation is of the same rapid onset and intense grade that characterizes its entire action. Conjunctivæ very much congested, with tears acrid, hot and scalding. Much photophobia, with pain back of ball as if eye were being pushed out. The nasal mucous membrane is swollen and congested, and exudes a thin watery discharge which scalds the wings of the nose and the upper lip until they become encrusted and burn intensely. Much fullness in the nose, and the voice has a nasal twang. What a pretty picture of a severe type of Hay Fever! And it is of valuable service in this most annoying disease. Indeed I have found no more valuable internal remedy than Mercurus Corrosivus, with an occasional dose of Belladonna. These two remedies, combined with a local application of an aqueous solution of suprarenal gland, forms a treatment which shortens the attack, and gives to the patient almost immediate relief.

Again what a resemblance to Acute Rhinitis when it is of violent onset. Not like the Mercurius Rhinitis, which makes slow, easy-going, progress, with nose discharging great quantities of thick green mucus. The nose may be sore, but it is due to the almost constant wiping. Not so with Mercurius Corrosivus. With it, the nose is very sore and red, not so much from

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\* Colorado State Medical Society, October, 1900.

the wiping, but from the acidity of the discharge. The nasal wings are very red and somewhat swollen. Such a rhinitis calls for Merc. Cor., and we may give it confidently.

The throat symptoms of Merc. Cor. are very pronounced, with excruciating pain on attempting to swallow. The slightest attempt to swallow liquids may bring on a spasm of throat, œsophagus, and stomach. The uvula, soft palate and pharynx are very much swollen and of a uniform dark red color. The slightest pressure on the outside of the throat, even from the pressure of a neck band, is sufficient to cause excruciating pain. In diphtheria, we think of this remedy when the above symptoms are present, and when the local symptoms are dominant, and increased out of all reasonable proportion beyond the constitutional symptoms. Just as soon as the system is saturated with the poison from the throat, the throat becomes gangrenous in patches, the cervical glands swollen, pale face, whistling respirations, etc., in other words, as soon as the case becomes malignant, your Merc. Cor. stage is past, and its administration is practically useless. At this stage, the Cyanide of Mercury, in doses of 1-100 of a grain every one to three hours, will make a profound impression for the better.

The phagedenic tendency of Merc. Cor. is seen in its most characteristic form in peritonitis, involving particularly the pelvic peritoneum. Here the inflammation reaches the pus-forming stage in a remarkably short time, the pain is extremely acute and a pelvic abscess is the result. Given a beginning pelvic cellulitis, particularly if there be vesical and rectal tenesmus, then Merc. Cor. is a giant in combating pus formation and in reducing inflammation.

On the kidneys and bladder its action is deep seated and pronounced. Compare the general symptoms of Merc. Cor. with the symptoms one meets in Chronic Nephritis of the Parenchymatous variety, and we are impressed with a marked similarity. Dropsy is pronounced, especially about the face and ankles. Gastric irritability with nausea and bilious vomiting are occasional symptoms. Anaemia is pronounced. Urine is scanty, high colored, with total solids for twenty-four hours reduced,

and almost always albuminous. Combine these with vesical tenesimus and we have a complete picture. In albuminuria during pregnancy I regard it as almost a specific. In this disease the best results, as far as my own experience goes, are obtained from doses of 1-100 of a grain.

The action of Merc. Cor. on the rectum and colon forms a chapter in itself, a chapter of achievements, and if it had no other sphere of action, it would stand beside our greatest drugs for the cures it has and can accomplish. What mother's child of you has not had cause to thank Buchner for his work in our behalf in the proving of this drug? What drug do you give in any disease with more confidence than you give this in Dysentery. Favorable results follow its administration if the following symptoms in whole or in part present themselves: Stools small, almost pure mucus, tinged with blood. During and following the stool, a violent burning sensation with tenesmus throughout the rectum. This tenesmus may be so violent and persistent as to extend to the bladder, causing the urine to pass by drops with much burning. I quote from Ringer: "The salient indication for employing the bichloride is the slimy character of the motions. Sometimes the slime is very tenacious, and, being colored with blood, is described by the mother as 'lumps of flesh.' This affection may be acute, or it may be chronic and last for months; but in either case the bichloride cures with remarkable speed and certainty." It does your heart and mine good to read such symptoms from the pen of such an old school authority as Ringer. Surely there must be something in Homeopathy after all. There may be cases in your experience where this drug was surely indicated, yet when given was barren of results. In such cases I would offer a suggestion. Prepare an aqueous dilution from the crude drug. Tablet tuturates and triturations of Merc. Cor. deteriorate with age. A fresh solution accomplishes results.

Notes and Personals.

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Dr. Monk, of Vienna, once a strong advocate of antitoxin, now says it is of no value.—*Homeopathic Recorder*.

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A boy in New Jersey in kissing a dog, contracted hydatids of the liver, was sick for a year and died.

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Another serum, the tetanus antitoxin, from which much was hoped, has been found wanting.—*Wisconsin Medical Recorder*.

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In the Denver College there is a graded course, full and complete, and the schedule is faithfully worked up to, by every Professor and Instructor.

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The crowning glory of every Homeopathic physician, surgeon and specialist is to be *able* to make good Homeopathic prescriptions for his patients, and then to *make* them.

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Prof. J. W. Harris, assisted by Prof. George E. Brown, both of the Denver College, successfully removed a large fibroid last week, in the presence of the Senior class of the College.

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The Seniors of the College are favored in having the opportunity to frequently witness important operations in the various departments of Surgery, at the College Clinics and at the clinics regularly held at the County Hospital and at the Tabernacle Free Dispensary.

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Two strong teams, surgical and medical, now have their offices in the California Building, Smythe and Mastin on the fourth floor, and Burg and McCurtain on the sixth floor.

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Dr. Wm. M. Houston, of Urbana, Ohio, died August 7, at the ripe age of 79.

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The New York legislature has passed a law making it a misdemeanor for any person to accept charity treatment or medicine at a free hospital or dispensary, if such person has the means to pay for treatment.

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A Philadelphia railroad official will erect a home in that city for crippled children, to cost two million dollars.

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Look out for class medical legislation by the next Colorado Assembly. THE CRITIQUE is against everything that savors of discrimination or injustice.

The Supreme Court of Illinois recently decided that the physician is not required to prove the necessity for his services nor for the number of visits for which he demands payment.

Dr. S. S. Cohen displays either great ignorance of Homeopathy or a wilful determination to misrepresent the truth. We suspect the latter.

The jubilee meeting of the New York Homeopathic State Medical Society, October 3-5, proved a most successful and interesting gathering. Many of the leading Homeopaths of the nation were there and the papers they presented were of a very high order.

Dr. J. W. Mastin has gone east for a short visit before settling down to steady work. He expects to return November 12th, and may thereafter be found at 403-4 California Building.

The Elephant went on a jamboree,  
And Aguinaldo went up a tree,  
Bryan jumped over the garden fence,  
And the others look like thirty cents.

## Book Reviews.

A SYSTEMATIC, ALPHABETIC REPERTORY OF HOMEOPATHIC REMEDIES. By Dr. C. Von Boenninghausen, Counsellor, etc., etc. Part First—Embracing the Antipsoric, Antisymphilitic and Antisyctic Remedies. Translated from the second German edition by C. M. Boyer, M. D. Philadelphia: Boericke & Tafel. 1900. 269 pp. Price in half-morocco, \$3.00 net; by mail, \$3.13.

The publication of a new translation of Boenninghausen's Repertory by Boericke and Tafel, is both timely and wise. Among the older Homeopaths this book was considered indispensable to every general practitioner, and we are glad to see it again put within the reach of the American profession. Although it made its appearance first in 1832, it will be found equally reliable and valuable in 1900. Such is the genius of Homeopathy that time never makes a good work on *Materia Medica* obsolete or old fashioned. Boenninghausen will be found a valuable addition to every doctor's library, and the more it is used the better it will be liked. The thanks of the profession are due the publishers for their enterprise in getting out this desirable work.

ELECTRO-THERAPEUTICS AND X-RAYS. By Dr. Charles Sinclair Elliott, Professor of Nervous and Mental Diseases and Electro-

Therapeutics in the Hahnemann Medical College of the Kansas City University; author of "Lectures on Nervous and Mental Diseases," etc. Philadelphia, Pa.: Boericke & Tafel. 1900. pp. 344. Price, net, \$2.50; by mail, \$2.70.

This new book by Dr. Elliott promises to fill an important place in electro therapeutics. The author says, "The chief object of this work is to place before the student and practitioner a *Materia Medica* of electricity," and this he seems to have accomplished in a very satisfactory manner. The following from the preface indicates the writer's purpose: "The plan pursued is, first, to give each current, and the *general* indication calling for that particular current; second, taking up the various diseases to which electricity is applicable, and giving the *special* current called for, its strength, duration of sitting and frequency of application in as far as practicable.

The section on X-Rays is quite complete in itself and constitutes an important part of the book. The work is a good one and should meet with a large sale.

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## Some Notes on the Use of Mercuriol. A New Remedy In Urethritis.

By Ramon Guiteras, M. D.

Professor of Genito-Urinary Surgery in the Post-Graduate Medical College of New York. Lecturer on Genito-Urinary Surgery in the University of the City of New York.

(Abstracted from "The Lancet," England, Sept. 22, 1900.)

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The author states that he has thoroughly tried Mercuriol in his clinic, and from his experience has drawn certain conclusions which he presents in this paper. After describing the chemical nature of Mercuriol he states that he found the weaker solutions had little effect and the stronger solutions were at first irritating. He finally concluded that the average strength best borne by the patient is ten grains to the ounce, or approximately two per cent. After having reached this conclusion he had the histories of 100 cases recorded, in 33 of which an examination for the gonococcus was made, revealing its presence in 30 cases. In the remaining 67 cases a clinical diagnosis was depended upon, since the writer considers the experienced eye competent to recognize the disease. In one extremely interesting case no gonococcus could be found in the urethral discharge, although gonococci were present in that of some venereal ulcers on the glans.

In these cases a two per cent solution of Mercuriol was or-

dered which the patients were directed to inject three times a day, after micturition; the injection to be held within the urethra for five minutes at each operation. The clinical reports of the cases show that frequently in two days after beginning the use of Mercurool, gonococci could no longer be found in the discharge.

The author discusses at some length the value of the term "practically cured," and sums up his argument by saying that to draw conclusions of value we should consider only cases that have been under treatment for three or more weeks, omitting those making but a few visits. On this basis he eliminates all but 65 cases from his report and tabulates these as follows:

Ten cases were cured in four weeks, or 15 per cent.; fifteen cases were cured in six weeks, or 23 per cent.; twenty cases were practically cured, as there was no discharge, though there were some shreds in the urine at the end of from four to eight weeks, 30 per cent.

One of the most valuable observations that the writer has made is the fact that only two cases suffered from complications, one having developed gonorrheal rheumatism and the other epididymitis. He states that this fact in itself would tend to argue much in favor of the use of Mercurool, for where is there any other solution or mixture which does not show a greater percentage of complications? When we consider that many writers claim that epididymitis occurs in 20 per cent. of all cases of urethritis, the rate of 1 per cent. reported in this series of cases argues much in favor of Mercurool as a harmless, yet efficient injection.

Another interesting feature is that in only one of the 100 cases was there any marked posterior urethritis. Therefore it would seem that Mercurool quickly destroys the gonococcus, lessens the severity of the inflammation, and tends to prevent the development of complications. From a comparative study of the different methods of treating gonorrhea the author concludes that treatment with Mercurool is an advance beyond the older methods with balsamics and astringent injections.

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THE CRITIQUE wishes to call the attention of its patrons to the wonderful clubbing rate advertised on page xvi. which is extended to old and new subscribers of THE CRITIQUE. A chance to save one-half the price on many publications. Investigate it.

## Things to Remember.

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THE CRITIQUE has the largest circulation of any medical journal published west of the Missouri River. Hence it is the best medium through which to advertise.

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In prescribing the products of Manufacturing Pharmacists, we should be guided to a great extent by the business standing of the manufacturers. No other house in the south or west has a better reputation for strict integrity than the Robinson-Pettet Company, Louisville, Ky. We do not hesitate to recommend the preparations advertised by them on page xii. this issue.

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GIVEN'S SANITARIUM, STANFORD HALL, STANFORD, CONN: Is a Homeopathic Sanitarium for the care and treatment of Mental and Nervous Diseases: Opium and Alcoholic Habitués. It is under the management of Dr. Amos J. Givens, formerly Interne at "The State Homeopathic Insane Hospital" at Middleton, New York, and later Assistant Physician at "The Westborough Insane Hospital," in Massachusetts. Write for terms and other particulars.

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The Colorado Carlsbad Water, for all kinds of kidney trouble, has no equal; then again, it is a home product. 437 Sixteenth Street, Denver, Colorado.

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TREATMENT OF WHOOPING COUGH.—Godshaw ("Medical Progress," August, 1899) laments the fact that notwithstanding persistent study and experimentation we do not possess any reliable means for cutting short an attack of whooping cough. The best treatment will do no more than palliate symptoms and diminish the frequency and severity of the paroxysms of coughing. This, however, is very beneficial and frequently essential, especially during the night. An opiate, when carefully selected, will yield the desired results without doing harm probably better than any other drug. Papine is the best and should be given in doses of five to ten drops to an infant one year old. Older patients will require proportionately larger doses. The object should always be to lessen coughing that the child may be able to sleep, and not to produce sleep. Some physicians rely chiefly upon antispasmodics



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DIARRHŒA, TYPHOID FEVER, TYPHUS,  
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"Kase I seed the chain hang out ob your pocket in the front."

"Go 'way, nigger, s'pose you see a halter round my neck, you think dar is a hoss inside ob me?"

"Look here, Pete," said a knowing darkey to his companion, "don't stan' on de railroad."

"Why, Joe?"

"Kase ef de cars see dat mouf of yourn, dey will tink it am de depo' an' run rite in!"

# THE CRITIQUE.

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## Hip-Joint Disease and Its Treatment.

By W. Louis Hartman, M. D., Surgeon to Syracuse Homeopathic Hospital,  
Syracuse, N. Y.

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The subject which I have chosen for our consideration is one which is not generally understood as thoroughly as it should be, as oft-times an erroneous diagnosis is made and our patient is the one who suffers therefrom. Of course, the subjects are usually of the age where it is hard to get positive symptoms and to elicit facts sufficient to make differential diagnosis. It is but a short time ago that a patient was brought to me supposed to be suffering from hip-joint disease, but it turned out to be a rheumatic trouble. We oft-times get a persistent rheumatism in and about the hip of children which, when it does not yield to treatment at once, we are prone to make a diagnosis of hip trouble.

No, tuberculosis of the hip joint is not necessarily a hereditary trouble. We may find this condition existing where there is no family history of tuberculosis, as in a case I will cite to you later on in this paper. Of course, if we have a patient suffering with pain in the knee and in and about the hip joint, who has a tubercular history in the family, we are more liable to make a diagnosis of hip joint disease than where no such history exists. The cases which come under the head of non-tubercular tendency or history are most misleading, and the ones in which we are most liable to error in diagnosing. Whenever there is a suspicion of this trouble, or we have a child complaining of pain in the hip, we should always be on the alert and watch them carefully for some time to come. We must not overlook the fact that

we are liable to have an acute suppurative process in the hip joint simulating that of tubercular trouble which runs a rapid course.

The symptoms of this disease are characterized by their sudden onset. In this disease death may result from septicemia in a very short time. This, no doubt, is caused by an acute and rapid osteomyelitis. Whenever a child is brought to you and complains of a limp, you should not treat it with slight consideration as this is one of the first symptoms of hip joint trouble. I mean of the character which is known as the hip limp. It is very peculiar and should be readily recognized. The tenderness and muscular spasm is what produce this condition. The free motion is reduced, and instead of bending the hip freely the spine is bent, and with a pelvic swing the leg is brought forward. The limitation of motion and muscular spasm are the most important symptoms and make their appearance very early.

Next, we find the deformity which is due to muscular contraction. Fixion is one of the constant symptoms, more freely met with in adduction and inward rotation than otherwise. Oftentimes the first symptom to be complained of is pain in the knee which, of course, is reflex. Then we have a pain most severe at night. The child will cry out in its sleep. Still we may have advanced hip joint disease and the child suffer very little pain. In this respect tubercular trouble differs from that of the osteomyelitis and rheumatic affections. The rheumatic affection is quite as liable to have amelioration upon rest in bed and getting the parts warm, but in osteomyelitis the pain continues throughout the twenty-four hours. It matters not whether the patient is in a recumbent posture or up and around.

In tubercular troubles when, from the first, we see the child lying in bed, the affected limb is apparently longer. This is due, however, to a tilting of the pelvis. The actual shortening begins in the second stage when the deformity increases. Then we also get the usual atrophy. At this point the folds of the buttocks have usually entirely disappeared and fixation of the joint is complete. This is usually the time the surgeon is consulted,

when it is past the time of simple treatment and has arrived at the stage of compound.

There is one more trouble we must not forget in making a diagnosis of hip-joint disease and that is hysteria of the hip. This, however, differs materially from other hip-joint troubles as the pain comes on more rapidly and is of longer duration without deformity and also ceases abruptly ; does not continue as the regular hip-joint pain. The pain in the hip-joint disease is due to stimulating the articular twigs of the obturator nerve. Of course, all cases of hip-joint trouble must be watched for some time before making absolute diagnosis, as sometimes these troubles simulate the true tubercle hip to such an extent that upon the first examination it is next to impossible to make a diagnosis ; therefore, it is better to take a little time, watch the case closely, than it is to take back what you have said.

The treatment of this malady is divided into two cases, medical and surgical, but there is no time where either one should be used alone. At the earliest possible moment after a diagnosis has been made, the medical and surgical should be combined. Fortunately we, as Homeopaths, are far superior in the treatment of hip joint disease, because we have remedies which materially aid us and have curative effects, whereas our friends, the Allopaths, seem to rely very little upon remedial agents. The most prominent of these in my experience are *Rhus tox* at the head of the list, then comes *Sulphur*, *Iodoform*, *Arnica*, *Tuberculinum*, *Bryonia*, *Pulsatilla*, *Hepar Sulph.* and *Phosphorus*. The remedy must be chosen as in all other cases, by a thorough study of the symptoms.

When we are satisfied that we have a case of hip-joint disease, the first thing to do is to place the patient in a recumbent posture, and put on extension and counter-extension. Of course, in putting on counter-extension we are liable to put on a perineal band or more likely one under the arm. The perineal band is not a good method to use, as it becomes more tiresome to the patient, and we are more likely to get excoriation. Another good way when we have a patient who is old enough to understand they must keep quiet and remain on their back, is to

elevate the foot of the bed from eight to twelve inches, and then put on your pulley, and they are not liable to slide down in the bed. You can get the proper extension in this way. This is much more comfortable and will not fatigue the patient so readily.

In placing a weight for extension, the way in which the adhesive straps are applied is very important. The longer you have the adhesive straps the better. For instance, take a piece of adhesive strap that is sufficiently long to extend to the knee, or two or three inches above. Then take about three strips which are long enough to go around the leg, placing one just above the ankle, then at the middle third, and the other just below the knee. The circular strips will prevent the adhesive from tearing loose from the sides of the leg. The weight which should be applied is as follows: two pounds for a child of two years, and for each additional year add one-half pound up to the age of twenty. Rest and extension are two of the most important measures we have in the surgical treatment of early hip-joint disease. There are some patients whom it would be exceedingly unwise to confine to the bed, and we are obliged to resort to other means than the continued recumbent posture to produce immobility of the joint. Then we must choose one of the many splints which are advised at the present time. The one I believe to be the most serviceable is that devised by Phelps. Of course, there are several other good splints. The plaster jacket is about as satisfactory as any appliance which can be put on, because in this we can get absolute immobility with less discomfort to the patient than with the splints made by an instrument maker. This jacket is applied in the following manner: beginning at the knee and extending to about two or three inches above the pelvic brim. This should not be made too heavy, and one should be careful not to get undue pressure on any one part. Of course, it requires more skill to adjust the plaster jacket than it does the ordinary splints. The idea with all treatments is to keep the joint immoveable and to avoid pressure and spasm of the muscles. When this has all been done, we must give the well selected remedy together with nutritious diet and plenty of

fresh air. Many times we are able to relieve the patient by hot fomentations with the addition of belladonna tincture.

Now we arrive at the operative treatment. This comes into use after there is a necrosed condition and the beginning of an abscess. This stage is exceedingly hard to positively diagnose as it requires great skill to detect an abscess in its early stages, as fluctuation is very hard to ascertain. When pain begins to increase and increasing the weight will not relieve it, it is reasonable to expect we have a pressure within the joint caused by an abscess. Now we have two methods to pursue. One is the injection of iodoform and glycerine, which treatment is so highly recommended by Dr. Senn. This must be used when the abscess is very small, as when there is a large quantity of pus it will be of no use. Iodoform is a remedy which I have found very efficacious in all tubercular troubles, may it be of joint or otherwise. This when given internally should be administered in one-tenth grain doses; but it has one great disadvantage, in many cases it will cause nausea and loss of appetite, and this, of course, is one of the things we must avoid. The injection of iodoform is used as follows: with a heavy syringe and a very long needle, which is thrust down to the joint, or the affected part, and a ten per cent solution of iodoform and glycerine, one drachm is injected. This is to be repeated not oftener than eight or ten days. This treatment at times, if the trouble has not gone too far, will bring about brilliant results. When a large abscess is bound to occur, we may look for its pointing in the Scarpa's triangle or inner side of the thigh below the anterior superior spine, between the tensor fascia femoris and the sartorius, just above the insertion of the psoas muscle, or beneath the gluteal behind. In some cases they may pass into the pelvis and open above Poupart's ligament, or they may open into the bladder or rectum. A case was referred to me some time ago where the abscess had broken into the bladder, and the patient was treated for stone in the bladder, the sound coming in contact with necrosed bone which suggested diagnosis of stone. This is brought about when the pelvic bones are extensively involved. When an abscess of this nature is opened, it should be done by free in-

cision, all the sequestra removed and drainage inserted. Put in as large drainage tubes as it is possible and pack gauze tightly around the same. In making the operation, be careful to preserve all the periosteum that is possible. Never allow an abscess of this nature to open spontaneously as it is very bad treatment. If you are obliged to make extensive resection, put on sufficient weight to overcome retraction, so that when new bone formation takes place, you will have as little shortening as possible.

After your case has recovered, and you have eradicated the tubercular trouble, and you wish to break up the ankylosis, you must use extreme caution so as not to produce a fracture instead of breaking up the ankylosed condition.

Great benefit will be derived by change of air in all these cases. Some seem to thrive in the mountains, others at the sea shore, but my experience has been that about as much relief will be obtained in the Adirondacks as any place in this country. When sending patients, do not have them go to the fashionable resorts where all the consumptives are assembled, but send them to the thickest part of the woods, but where they are able to get good accommodations.

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EVERY DISEASE HAS ITS ODOR.—Dr. McCassy declares that every doctor should be able to diagnose measles, diphtheria, typhoid fever, consumption, and even epilepsy, by the smell, as every one has an especial odor when disease is present. Thus in case of favus, the patient exhales the odor of mice; in rheumatism there is an odor of acid that is very easily recognized. In cases of pyemia the breath is nauseating in its smell; in scurvy, too, there is a putrid odor. In peritonitis the odor is like musk; in case of scrofula, like sour beer. In ordinary fever there is an ammoniacal odor. In intermittent fever the odor is like that of fresh baked bread. Among hysterical women there are many delightful odors, violet and pineapple being most manifest.—*Doctor's Magazine.*

# THEORY AND PRACTICE.

Conduced by W. A. Burr, M. D., Prof. Theory and Practice Denver  
Homeopathic College.

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WHAT HAS HOMEOPATHY DONE?—Among the many good things from the pen of Frank Kraft, editor of the "American Homeopathist," the following is among the best:

"What has Homeopathy done? Look to her colleges, her hospitals, her asylums, her journals, her statistics, her societies with all their splendid records. But, more than all, look to her therapeutics and her materia medica; these are her distinguishing features; her laurels rest upon them, and not upon her surgery, her gynecology, her obstetrics—only so far as their victories have been enhanced by the similar remedy, the minimum dose, and the single remedy.

She can turn her aconite into a lancet; her apis and arsenicum into a trocar; her bryonia into an aspirator; her zinc and opium into a trephine; her hepar or spongia or bromine or iodine or kali muriaticum and bichromicum into an intubation tube; her pulsatilla and cimicifuga into a pair of forceps; her helonias and sepia into a pessary; her phosphorus into a ligature; by her dilutions and triturations she teaches the divisibility and persistence of matter and the power of the atom."

TYPES OF DISEASE ARE CHANGING.—Dr. C. N. Hutchinson ("Medical Era") closes a contribution on the Prevention of Small-pox as follows:

My observation is that many diseases are gradually changing their type, becoming atypical. This is no doubt due in part to the spread of sanitary knowledge and its application.

In this century a battle is raging between hygienic forces and the enemies of life. While death will finally be victorious, it appears reasonable to presume that the end may be delayed and at the surrender we yield as to an anesthetic or to a pleasant dream.

I imagine in the fullness of time some nosological Moses will lead us out of the present wilderness to a nomenclature in harmony with the advance of scientific medicine.

IMMUNIZATION.—What is it to be “immune?” Is it possible to inject a virulent disease poison into the blood until it no longer has any *effect*? A couple of drinks of whiskey will affect a man who has never used it before more than a dozen drinks will a confirmed drinker, yet can you say the drinker is “immune?” Isn’t it the same with the horse who has been pumped full of diphtheria poison; he may not show it as he did at first, but it is there and he is *not* a healthy horse, and in this day of anti-sepsis does it look reasonable that his blood-serum is fit to be mingled with that of a human being? Lastly, good Homeopathic prescribing produces infinitely better results than this proceeding at present in vogue.—*Homeopathic Recorder*.

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ANTITOXIN.—P. Sharples Hall, B. S., M. D., Professor of Pathology and Bacteriology, Hahnemann Medical College, Philadelphia, read a paper on The Klebs-Löffler Bacillus, its Toxin and Antitoxin, before the Philadelphia Medical Club, June 6, 1900. This was published in the October number of the “Hahnemannian Monthly.” The paper closes as follows:

“Briggs and Guerard, who, after a review of all the statistics and opinions published since the beginning of the antitoxin treatment in 1892, say:

‘It matters not from what point of view the subject is regarded, if the evidence now at hand is properly weighed, but one conclusion is or can be reached—whether we consider the percentage of mortality from diphtheria and croup in cities as a whole, or in hospitals, or in private practice; or whether we take the absolute mortality for all the cities of Germany whose population is over fifteen thousand, and all the cities of France whose population is over twenty thousand; or the absolute mortality of New York City, or for the great hospitals in France, Germany and Austria; or whether we consider only the most fatal cases of diphtheria, the laryngeal and operative cases; or whether we study the question with relation to the day of the disease on which treatment is commenced, or the age of the patient treated; it matters not how the subject is regarded or how it is turned for purpose of comparison with previous results, the conclusion

reached is always the same, namely, there has been an average reduction of mortality from the use of antitoxin in the treatment of diphtheria of not less than fifty per cent., and under the most favorable conditions a reduction to one-quarter, or even less, of the previous death-rate. This has occurred not in one city at one particular time, but in many cities, in different countries, at different seasons of the year, and always in conjunction with the introduction of antitoxin serum and proportionate to the extent of its use.'"

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TREATMENT OF TUBERCULOSIS.—Dr. Geo. W. Hopkins, of Cleveland, Ohio, contributes an article to the "Medical Century," September number, on The Rational Treatment of Tuberculosis, from which we make the following deductions:

1. In a large proportion of cases Tuberculosis is self-limiting; spontaneous cures are frequent.
2. This frequency of spontaneous cures has led to the use of curative rather than palliative measures.
3. The tubercle bacilli are present in a large proportion of the cases of common cough.
4. Probably ninety-five per cent. of the early tubercular cases recover without serious damage.
5. In the desperate cases of the remaining five per cent. proper treatment yields good results.
6. "Exact prescribing" saves a large proportion of cases, while the routine treatment with powerful drugs does more harm than good, "The routine administration of creasote in massive doses, for example, has probably killed thousands where it has saved hundreds."
7. An early diagnosis followed by vigorous treatment will rob this disease of much of its horror and decrease the mortality rate.
8. "Septic destructive lung diseases" must have appropriate local treatment, which may be secured by inhalations of the proper medicament.
9. Creasote and iodine are valuable for this purpose "in the

few cases where they are clearly indicated," but "gastric disturbances" contraindicate their use.

10. "Most important and valuable of all is Peroxide of Hydrogen, preferably in the form of a mixture of Hydrozone and C. P. Glycerine."

11. Inhaled through a Globe Nebulizer Robertson comminutor with an air pressure of thirty pounds to the square inch continuously for twenty or thirty minutes every day or two, will produce marked good results. Fresh solutions of these preparations do no damage when used with ordinary good judgment.

12. Tuberculin is the best for purposes of hypodermatic injections. It is only the unscientific use of this agent that has brought it into disrepute.

13. As an internal remedy this agent is "a delusion and a snare."

14. Hundreds of experiments upon tubercular-infected animals by the author show that tuberculin has no curative value when administered internally.

15. When introduced into the blood Tuberculin cures (1) by setting up an inflammatory irritation about the tubercle it causes the death of the bacillus, and (2) it produces, temporarily, an increased power of resistance in the affected parts.

16. "The important point is to avoid inimical irritation through excessive dosage" which at first must be minute, and increased gradually as each case requires.

17. Creasote, Guaiacol and similar preparations have no direct action on tubercle bacilli, or tubercular processes. The hyphosphites are good "when prescribed singly and upon exact indication" and these are more a food than medicine.

18. The hyphosphites must be pure and should not be mixed with other medicines.

19. Strychnia is harmless and a sheet anchor in such cases.

20. "Iodin and the iodids have also yielded excellent results when characteristically indicated."

21. Baptisia quinia-arsenite and silicea are to be borne in mind for the fever; also echinacea; but the coal-antipyretics must be employed with caution.

22. "For the characteristic smarting, atropia, agaricin, prototoxin, camphoric acid, silicea, pilocarpin or ferrum ars. may be indicated."

23. We may select from many remedies for the cough; if the Homeopathic remedy fails "employ heroin or codeia before greater damage is done."

24. Aconite, bryonia or scillitin, and strapping, or iodine-vasogen locally for the troublesome pleurisy, myalgia or intercostal neuralgia; when all else fails, aconite-nitrate 2x in a single dose of one or two grains" if the heart is not weak.

25. For nausea, cramps and diarrhea cuprum arsenite, and listerine which is harmless; in nervous forms of indigestion and defective nutrition arsenicum has proven a sheet anchor.

26. Ipecac, geranium or hydrastis will generally prove good in hemorrhages.

27. By a close study of indications, and the various agencies now at our command, the death rate from Tuberculosis may be reduced to a mere fraction of what it now is. W. A. B.

It is said fully 40,000 Spanish immigrants have moved into Havana, Cuba, during the last twelve months. As a consequence yellow fever prevails there and the authorities are pushing the immigrants into the country where it is more sanitary. In Santiago, on the contrary, there is no yellow fever whatever, because of the excellent sanitary measures introduced by General Wood.

HYGIENIC NOTES.—"Exchange" suggests that sitting with the legs crossed may tend to cause appendicitis. While in this attitude the appendix is cramped and irritated and this may result in inflammation. While sitting let the feet, but not the knees be crossed. This attitude is more becoming and would not possibly injure the appendix vermiformis.

Cool water sipped slowly, stimulates the circulation and at the same time refreshes and invigorates the whole system. The same cool water, taken hastily and in large draughts chills the stomach and arrests the formation of gastric juice. This tends to cause catarrhs and colics, and finally inflammations of the stomach and bowels.

# GYNECOLOGY AND OBSTETRICS.

Conducted by S. S. Smythe, M. D.

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## *Urtica Urens* for Agalactia.

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The symptom in the provings reads : "A woman who has had no children for three years and a half, and nursed none of her children, had at first excessive swelling of the breasts, which discharged at first serum, afterward perfect milk. A very copious secretion lasted for eight days."

On this symptom backed up by Farrington's statement that *Urtica urens* is the best remedy for the non-appearance of the milk, without other symptoms, and with no apparent reason, Dr. J. L. Nottingham based his use of the drug in the course of this interesting case, reported in the "Homœopathic Recorder :"

Mrs. M. applied to me January 15, 1897, for opinion of a lump in left mammary gland, which I informed her was scrofulous, or possibly malignant. She wished me to prescribe for her. Because of a desponding disposition, aching in cervical region, sometimes extending to cerebrum, tenderness of right ovary, aching in sacral region extending down into thighs, worse at menstrual periods. "Seemed as if a dark cloud hung over me which could not be removed, or I could not get through." *Cimicifuga r.* was given.

On February 6 much brighter mentally, with relief from all the symptoms except the lump in the gland, which showed no sign of improvement, but rather more sensitive. She "fretted only about the lump." "I am dizzy if I move my head quickly toward one side, either lying down or when walking, and things look unnatural—red-like sometimes." *Conium m.* was given.

She permitted a woman to apply some kind of a caustic to the lump, and I did not see her again until February 13, 1900, about six weeks after a childbirth, when she complained of stinging pains in that breast, an entire absence of milk, stinging pains in right lower extremity its entire length, with general soreness and stinging pains accompanying movements involving

the muscles of the left side of head, cervical vertebræ, sacrum and upper extremities, across chest involving both mammary glands, the left one (with the lump) most painful. The former symptoms of despondency, etc., prevailing, gave her *Cimicifuga r.* again, and this was followed by great relief from the despondency and phlegmasia-alba-dolens of which she was suffering most, but after one week improvement ceased. She was then given *Conium mac.*, which was followed in one week by much improvement of the difficulty in moving the head; the left breast was more painful, yet relaxed, or quite flabby; burning, stinging pains. All pains were burning, stinging, biting, itching. Gave *Urtica urens*.

Three days after *Urtica*, the breasts filled with milk, and all the pains were relieved; and she could now move herself about in the bed without severe suffering. Breasts were not so tender, and a bandage was applied to prevent weight (full of milk), which seemed to cause a soreness of a different kind. The breasts were drawn until milk was relieved, which lasted two weeks, and during this time the swelling and tenderness of the right lower extremity became almost natural. At this time, through some carelessness, patient took a severe cold, nephritis occurred, but that, with some phlegmasia in the lower left extremity, cleared up under *Rhus tox.*, and recovery followed without further interest.—*N. A. Journal of Homæopathy*

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### **Bellis Perennis.**

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Dr. L. L. Danforth has been having a very interesting experience with the English daisy which is worth keeping in mind. He has been conning Burnett's little work on "Organ Diseases in Women" and ran across the recommendation for use of *bellis* in traumatism of the pelvic organs. Burnett places *bellis* along with *arnica* as a traumatic remedy and cites quite a number of cases in which it relieved the sore bruised feeling remaining in the reproductive organs after they had been subjected to severe strains. Burnett also calls attention to the prompt and efficient

action of bellis in those cases where women cannot walk in the latter months of pregnancy because it hurts them and tires them. Dr. Danforth noted that in most cases where prescribed the "sore bruised feeling in the pelvic organs was the predominating symptom upon which the remedy was prescribed." With this thought in mind he tested the action of the remedy as follows :

"I attended a primipara whose labor was normal except that the second stage was unusually painful. The child's head was large, and as it descended and pressed upon the pelvic floor, and later upon the perineum, it caused an unusual degree of distension of the tissues between the margins of the vulvar orifices and the bones on either side. The pain was excruciating, and chloroform was administered. The perineum was badly torn in spite of the greatest care, but it was immediately repaired and good union obtained. After the usual time the patient began to get up, but convalescence was retarded and walking delayed, indeed was quite impossible for a time on account of extreme soreness, a bruised sensation referred to the whole pelvis, more particularly of the muscles of the pelvic floor and perineum. Naturally, arnica was given, but the patient did not improve. Different potencies of arnica were tried in succession, but improvement did not take place. It seemed as if the patient never would be able to walk. I then recalled the suggestion of Dr. Burnett, and gave bellis perennis—five drops of the tincture every three hours—when, mirabile dictu, the bruised sensation disappeared like magic, and the woman was soon able to walk as well as ever.

"I have given the remedy to women who suffered in the latter weeks of pregnancy from soreness of the abdominal walls of the uterus, with most excellent results, when arnica had been insufficient to accomplish a cure.

"I recently recommended this remedy to Dr. F. W. Hamlin, of this city, for one of his patients who was very uncomfortable on account of abdominal and uterine soreness, which arnica did not relieve. Dr. Hamlin informed me that bellis did its work well, and the patient was quickly relieved."—*Hahnemannian Monthly*.

# MATERIA MEDICA.

Conducted by J. W. Mastin, M. D.

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## 80 Remedies in Menstrual Disorders.

*Berberis*—Too scanty and painful.

*Bovista*—Too early and too profuse; flowing for most part only at night.

*Bromium*—Too early and too profuse; violent contractive spasm before or during menses, lasting hours, leaving abdomen sore.

*Bryonia*—Too early, too profuse; suppressed with bleeding at nose.

*Cactus*—Too early; ceases while lying.

*Calcaria Phosphorica*—Too early; blood bright with girls; too late, blood dark—or first bright then dark, in women.

*Cantharis*—Too early and too profuse; blood black and scanty.

*Carbo Animalis*—Too early, too profuse; during flow patient is so exhausted she can hardly speak. (Alumina and Coccus have same symptoms).

*Carbo Vegetabilis*—Too early and too profuse; blood too thick and of a strong odor.

*Caulophyllum*—Menstrual colic; suppression with spasm of uterus, or great atony.

*Causticum*—Menses too late; no discharge at night.

*Cicuta Virosa*—Menses delayed; spasmodic state if the menses do not appear; tearing and drawing in the os coccygis during menses.

*Cimicifuga*—Menses irregular, delayed or suppressed; hysterical or epileptical spasms at time of menses.

*Cocoa*—Menses, after being delayed, comes in gushes.

*Cocculus*—Menses too early, with cramps in the abdomen, distention and colic pains.

*Collinsonia*—Dysmenorrhea and other affections, resulting from hemorrhoids and constipation.

*Crocus Sativus*—Sensation as if menses would appear, with colic and pressing toward genitals.

*Crotalus Horridus*—Flow profuse for two days, then lingers, on and off, for four more; heart weak, feet cold.

*Cuprum Metallicum*—Before, during or after suppression, violent unbearable cramps, in abdomen, extending up into chest, causing nausea, vomiting and sometimes convulsions of limbs and piercing shrieks.

*Dulcamara*—Rash before menses.

*Erigeron*—Very profuse flow of bright red blood; slightest movement increases flow.

*Flouricum Acidum*—Too early and too copious; discharge thick and coagulated.

*Glonoine*—Instead of menses congestion to head; face pale; worse in warm room; fainting, throbbing.

*Graphites*—Menses too late, too scanty, too pale; pain in epigastrium during period as if everything would be torn to pieces.

*Hepar Sulphur*—Discharge of blood between menses.

*Hyoscyamus*—During menses convulsive throbbing of the hands and feet; headache, nausea and profuse perspiration; flow excessive.

*Ignatia*—Menses too early; discharge of black blood, putrid odor, comes in clots.

*Ipecacuanha*—Too early and too profuse; blood bright red; with colic and nausea.

*Kali Bichromicum*—Too early, with giddiness, nausea and headache.

*Kali Carbonicum*—During menses cutting in abdomen; aching and pressure in back. Great soreness about the genitals during and after menstruation.

*Kali Iodatum*—Frequent urging to urinate when the menses appear.

*Kali Nitricum*—Menses suppressed; too early, too profuse. Menstrual blood as black as ink; pains in abdomen, small of back and thighs.

*Kreosotum*—Too early, too profuse and last too long.

*Lachesis*—Menses scanty, feeble and irregular; blood black. Labor like pains during menses. (Caul., Cimic., Pulsatilla.)

*Lycopodium*—Too profuse and long protracted; suppression from fright (Aconite).

*Magnesia Carbonica*—Too late and too scanty; more profuse during night than in day time, with dragging pains, better from pressure on abdomen and stooping.

*Magnesia Muristica*—Too early and too copious; blood passes in black clots, more when sitting than when walking.

*Manganum*—Too early and too scanty; lasting but two days.

*Mercurius*—Menses too profuse; great anxiety.

*Natrum Sulphuricum*—Menses scanty and too late; knotty stools; nose bleed before menses.

*Nitricum Acidum*—Offensive leucorrhœa, after menses, of green mucus; cherry or flesh colored.

*Nux Moschata*—Menses irregular in time and quantity; flow usually dark and thick.

*Nux Vomica*—Menses too early and too profuse; flow dark; has cramps; during menses, nausea in the morning, with chilliness and attacks of faintness.

*Petroleum*—Menses too early; the discharge causes itching.

*Phosphoricum Acidum*—Too early, too long, too copious; blood dark; pain in liver during period.

*Phosphorus*—Too early; may be too scanty or too profuse; pale, with colic, nausea and diarrhœa.

*Physostigma*—Pain as if menses were coming on; irregular; menstruation with palpitation.

*Picricum Acidum*—Yellowish-brown leucorrhœa in place of menses, which are delayed.

*Pulsatilla*—Chilliness before the menses, with yawning and stretching; menses suppressed after getting feet wet; first menstrual period delayed; menses too late, scanty and of too short duration; flow thick and black, more during day while walking about. This patient is of a mild, gentle, timid, yielding disposition, with inclination to weep.

*Rhus Toxicodendron*—Menstrual flow light colored and acrid, causing biting pain in vulva.

*Sanguinaria*—Abdominal pains as if menses would appear ; useful in climacteric disorders.

*Sepia*—Menses too early and too scanty, appearing only in the morning; too late and scanty; regular but scanty; flow dark.

*Silicia*—Increased menses with repeated paroxysms of icy coldness over the whole body ; suppressed menstruation ; menses too early and too feeble.

*Sulphur*—Menses too early, too profuse and of too short duration ; blood thick, dark, excoriating; headache during menstrual period with rush of blood to head and nose bleed.

*Trillium*—Too profuse menstrual flow after exhaustion by exercise.

*Viburnum Opulus*—Before menses: has severe bearing down, drawing in anterior muscles of thighs; heavy aching in sacral region and over pubes; pain in ovaries; pains make her extremely nervous; crampy, colicky pains in lower abdomen and through womb; pains begin in back and go around, ending in cramps in uterus; pains worse in early part of evening and in warm room; better in open air and when moving about. During menses: there is nausea and great nervous restlessness feeling as though breath would leave the body and the heart quit beating; pain as if back would break; flow ceases for several hours and then returns in clots. Flow scanty, thin, light colored; sensation of lightness in head; faint when trying to sit up.

*Zincum*—Menses too early; suppressed or painful; discharge of large clots during menses.

*In delayed or suppressed menstruation consult*—*Abies Nigra*, *asclepias cornuti*, *conium*, *millefolium*, *senecio aureus* (suppressed from cold bathing).

*Too Early*—*Ammonium muriaticum*, *arana diadema*, (eight days too early) *argentum nitricum*.

*Too Profuse*—*Belladonna*, *borax* (with nausea and colic).

*Too Early and too Profuse*—*Calcaria carbonica*, *natrum muriaticum*; *sabina*, *secale cornutum*, *platinum*, *zingiber*, *Xanthoxylum*, *sulphuricum acidum*, *veratrum album*.

# SURGICAL DEPARTMENT.

Conducted by J. Wylie Anderson, M. D.

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## Anesthesia by Subarachnoïdean Injection of Cocain.

The following is the technique employed by Tuffier in producing anesthesia by injection of cocain into the spinal canal, as reported by Dr. Murphy :

"I use for these injections Pravaz's syringe, admitting of sterilization (hypodermic with asbestos piston.) The needle must be sufficiently long to penetrate easily the space between the skin and the subarachnoid space. This interval varies in length, according to the muscular development and obesity of the patient. The needle must be of platinum. It must be easily sterilized, and be nine centimeters long. The external diameter must be 1.1 mm.; the internal diameter, .8 mm. It must be solid, so as not to bend when it comes in contact with the vertebral column. Its end must have a short bevel. I employ a two-per-cent solution of cocain. This solution must be sterile and recent ; old solutions must be discarded. This is important. The fluid injected must be carefully sterilized. I prepare my solution as follows : The solution is exposed to a temperature of 80° C. in a water bath for fifteen minutes ; then it is kept in a temperature of 38° C. for three hours ; it is again brought to a temperature of 80° C., then allowed to cool to 38° C. This operation is repeated five or six times in succession. It assures a perfect sterilization ; the anesthetic properties of the cocain are not altered.

"The operative technique is as follows : The patient is in the sitting posture, both arms carried forward. The field of injection is thoroughly aseptitized. Locate the iliac crests. An imaginary line connecting these two crests passes through the fourth lumbar vertebræ. By injecting beneath that line you penetrate the medullary canal. As soon as you have located with the left index finger this spinous process, tell the patient to bend forward so as to make a big bag. This bending forward causes a separation of 1.5 cm., between the vertebræ on which you have your

index finger and the subadjacent vertebræ. Then it is always wise to tell the patient, 'I am going to stick you with a needle; you will feel some pain, but do not move.' Make the injection with the right hand. I insert the needle to the right of the vertebral column, about one centimeter from the line of the spinous process. The needle goes through the skin, through the subcutaneous cellular tissue, through the lumbar aponeurosis, through the muscles of the sacrolumbar region, penetrates into the lamellar space, and at last penetrates into the spinal canal. As soon as the needle is in the subarachnoid space, it meets no resistance, and from it escapes a clear yellow fluid. This fluid is the cerebrospinal fluid, and escapes drop by drop. The surgeon must never inject a solution of cocain before he has seen the cerebrospinal fluid escape through the needle. After he has seen this fluid escape through the needle, he attaches to the needle a syringe containing one cubic centimeter of a two-per cent solution of cocain. The injection is made slowly; it should be completed in one minute. The dose injected should not exceed fifteen milligrams of cocain. I always employ a two-per-cent solution. The injection terminated, I rapidly remove the needle and close the needle puncture with sterilized collodion. Note the precise minute at which the injection is terminated, and then wait. The patient can be questioned as to the subjective sensation which he experiences. After a certain lapse of time, which in our observations varied according to the subjects from about four to eight minutes, the patient will complain of a tingling sensation and numbness of the feet. This numbness extends to the legs. You can now begin to operate. Gradually a sensation to pain and heat disappears. Contact sensation persists. Toward the last the motor system may be affected. From four to ten minutes after the injection, analgesia is usually complete. Most often it extends to the thorax, occasionally to the axilla. It is not an approximate analgesia; it is complete; it is absolute, so much so that in a thigh amputation we asked the patient to elevate his stump so that we could better secure the vessels. In the course of the operation the patients, when questioned, would say that they felt only a sensation of contact."—*Modern Medicine*.

# EYE, EAR, NOSE AND THROAT.

Conducted by David A. Strickler, M. D., Professor of Ophthalmology and Otology, Denver Homeopathic College.

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## \*The Eye in Nervous Diseases.

By David A. Strickler, M. D.

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In the short time allowed me for the presentation of a paper before this club, it is impossible to treat fully the subject selected for me by your committee.

I shall, therefore, confine myself to a few well established facts bearing on eye-strain as a causative factor in the production of nervous disorders, and the eye as an aid to diagnosis in diseases of the nervous system.

To understand eye-strain as a causative factor of disease, it may be well for us to give a few moments to the consideration of what constitutes eye-strain, and of how it acts on the nervous system.

How many of you have stopped to consider that the sight is the only special sense that we use constantly during the waking hours ?

That there is not a moment, day or evening, while awake, that we are not receiving visual impressions of some sort ?

In the normal eye these impressions are received from objects beyond twenty feet without any effort except that of the muscles which direct the eyes toward the objects seen. In the hyperopic eye no clear image is formed of near or distant objects without action of the muscle of accommodation, the ciliary, while in astigmatism no clear image is found without double action of the same little muscle.

The muscle is small, but for every contraction there must be an impulse along its motor nerve. This impulse means an expenditure of nerve force, very small, it is true, but, when constantly made, depletes the general nerve force so that, in time,

other and remote organs suffer because of a depressed condition of the nervous system.

This over-action of the ciliary muscle is the source of eye-strain from refractive errors.

Associated with this we frequently find that the visual axes of the two eyes do not tend in parallelism; that, while the one looks directly at an object, the other tends to one or the other side, above or below it.

To this tendency, in some direction other than the normal, the term heterophoria, from the Greek *heteros*, "other," and *phoros*, "bearing," is applied.

As binocular vision requires that the images be formed on corresponding parts of the retina in the two eyes, an extra effort is required to direct the visual axes to the same point, hence our second source of eye-strain, or nerve-force waste.

Either source may be sufficient to depress the general nervous system, but the two are frequently combined. Either force alone, or the two combined, are without doubt the causative factors in the production of any disease which has its origin in a lessened resistance on the part of the nervous system. The improvement in the general health, increase in weight, the disappearance of symptoms in parts remote from the eye, etc., often observed after the removal of eye-strain, furnish abundant evidence of the truth of the above premise.

With this explanation, we trust it will be less difficult to understand what follows.

Eye-strain as a cause of headaches of various types, is moderately well known to the average American physician, yet we meet almost daily with cases of persistent and long-lasting headaches, due undoubtedly to eye-strain, in which the family physician has seemed to wholly forget the eye as the probable cause.

It may be well to call your attention, as forcibly as may be, to the established fact that from 70 per cent to 80 per cent of all headaches are due to eye-strain. That the wise physician will first eliminate eye-strain as the cause, before he spends much time in looking for other causes. It is not necessary that the

patient experience any discomfort in the eyes to make it a case of eye-strain, though close questioning will usually show some difficulty not before noted by the patient.

The point I would make is that the physician must not wait for the patient to refer to the eyes as the probable cause. One of the most aggravated cases of headache it has been my lot to treat, was in a man who was sure his eyes had nothing to do with his headache; that they were due wholly to attacks of indigestion, and that he never had one that he could not trace directly to some one thing that he ate which disagreed with him, the headache ceasing when the offending article was expelled by emesis. He declared that his eyes were as good as anybody's, and could not be the cause. The case did not come to consult me, but incidentally told of his headaches. He was lothe to have an examination of the eyes, but consented, and was found to be astigmatic. Lenses were prescribed, and now worn with entire relief of headaches for a period of five years, since which time I have not seen nor heard from him.

The headaches resulting from eye-strain are not limited to time nor place. They may occur at any time of the day, but more often after close use for reading, writing, seeing, etc. They may occur in any part of the head, but most frequently frontal, temporal or occipital, less frequently at the vertex, and rarely confined to the latter.

Among other diseases resulting from eye-strain is *migraine*. Here the attacks of pain are usually preceded by *scintillating scotoma*, and occasionally, though rarely, by visual hallucinations. The scintillations and visual hallucinations are not usually present in every attack, and, on the other hand, they may constitute the attack at times. In the great majority of cases they are entirely removed by relieving the eye-strain.

*Epilepsy*—Undoubted cases of epilepsy have been entirely relieved by removing eye-strain, and many other cases have been greatly benefited by the same treatment, showing the causative relationship of eye-strain. These cases are exceptional, though their existence cannot be doubted.

*Chorea*—The choreic movements in children are frequently

removed by relieving eye-strain. It has been my good fortune to verify this a number of times.

*Neurasthenia* is not an infrequent result of eye-strain, and when present from any other cause, is markedly aggravated by eye-strain. In the neurasthenic, eye-strain should always be looked for and relieved.

*Insanity*, if not a direct result, is not infrequently greatly aggravated by eye-strain. Drs. Stevens and Ramey lay especial stress upon heterophoria as a cause of insanity, and report many brilliant results from operations upon the muscles. They are enthusiasts and pioneers along this line, and undoubtedly claim too much, but cases of great relief and cure of insanity are occasionally reported by competent and conservative men. Anything which offers any hope in this class of unfortunates is worthy our consideration.

*Hysteria* has many eye symptoms. In turn, eye-strain many times acts as a contributory, or exciting cause, of hysteria.

Other instances of nervous disorders might be cited, but these should suffice to give an idea of the class of cases caused or aggravated by eye-strain, and to emphasize the fact that eye-strain acts mainly by depressing the tone of the whole nervous system.

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A NEW METHOD OF TREATING BONY ANKYLOSIS.—Chlumsky (Centralblatt für Chirurgie, No. 37, 1900,) states that he has seen in the last ten years fourteen cases of ankylosis of the knee joint and contracture treated in the Breslau clinic without any improvement in a single instance; nor has he been able to find in literature the promise of better results. He therefore conducted an experimental research on the joints of dogs, resecting the articular cartilages and preventing bony union by inserting into the joints plates of celluloid, silver, gum, and other materials. He notes that healing took place, excepting in the few cases which died of sepsis, with a movable joint. He suggests that these plates should be made of magnesium, which is readily absorbed, and believes his results justify a trial of this method on man.

# THE CRITIQUE.

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## EDITORIAL COMMENT.

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### Lest We Forget.

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The time is near at hand when the medical politicians of the old school will invade the various legislatures with proposed acts to regulate the practice of medicine.

Homeopaths will be asked to aid them in securing the passage of laws, ostensibly to protect the public health; really to strike at some rival system. And this is the whole secret.

Before accepting any overtures from these people we should review our own history and be reminded that we have had to fight our way against the opposition and machinations of the Allopathic school ever since Hahnemann was driven out of Germany and obliged to spend the rest of his days in a foreign land.

We should remember that at no time since the advent of Homeopathy in our own country have they ceased to make war upon us to the very limit of their ability.

For many years they tried to secure legislation against us in many of the older states, but such was the genius of our institutions that American legislators could not be brought to the commission of so great a wrong.

Though they failed in this direction, we should not forget that they have persistently resorted to all other means in their power to traduce, stigmatize and misrepresent Homeopathy for the purpose of prejudicing the minds of the people against our system of practice.

We should not forget that, at this time, the Allopathic school is as actively our enemy as at any time during the past ; that they lose no opportunity to secretly or openly malign us before their constituents ; and that they endeavor in every way to influence public opinion against Homeopathy.

Let us not forget that within the past year one of their most prominent journalists took occasion in an editorial to liken the Homeopaths to "tramp dogs, prairie wolves, forest cats, etc., etc." and put us down as a set of "scoundrels and nostrum traders."

Let us remember that still more recently Dr. Solomon Solis Cohen in a public address before the Philadelphia County Medical Society, spoke of Hahnemann and Homeopathy as follows :

"In the domain of therapeutics the unscientific character of dogmatism cannot be better shown than by reference to that comparatively modern school of dogmatists founded by Hahnemann."

After much more in the same vein concerning Homeopathy, he speaks, in part, as follows of the patrons of Homeopathy :

"There is always a class of educated—or *half educated*—persons, whose training has been literary and artistic rather than scientific, to whom such mysticism in medicine will strongly appeal \* \* \*. The system of Mrs. Eddy and the system of Hahnemann have these things in common: that both assume to be revelations from God, that both deny the materiality of the alterations produced in the human body in disease; and that both assert the necessity of immaterial curative agents."

It would be difficult to imagine anything more devoid of truth than the above statements, but let us remember, that they clearly reflect the animus of the old school toward us at the present time, and let us not forget that our ancient enemies are as implacable, as unscrupulous and as determined as at any time in our history.

\* \* \*

The foregoing is but a prelude to a question of much greater importance to which we would call attention.

Homeopathy, in spite of all opposition, having grown to vast proportions, with its schools and colleges, hospitals and sanitariums, with its thousands of highly educated and successful phy-

sicians, and with its millions of refined, educated and discriminating patrons, it is no longer expedient for the old school to try to legislate us out of existence.

Accordingly they have in recent years changed their tactics, and now while they privately decry and abuse us, they openly profess a friendship and solicit our aid in helping them to secure legislation against the Christian Scientists and others whom they would deprive of equal rights with themselves.

It is to be regretted that, in some of the states, Homeopaths have fallen into the trap and unwittingly (we believe) have lent their aid in procuring partisan legislation.

Homeopaths should be the first to discourage and oppose all attempts at legal discrimination against any other school or cult which conscientiously endeavors to heal the sick. To do otherwise is unbecoming the honor and dignity of our profession.

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Governor Charles S. Thomas, in his veto of the medical bill which passed the Colorado legislature two years ago, made the following trenchant criticism on the attitude of the Homeopathic school at that time :

"Homeopathy fought its way to recognition against the bitter and implacable antagonism of the regular school, established itself in the face of bitter abuse, ridicule, persecution and invective. Its disciples suffered all the pains that hatred, contumely and authority could inflict upon it.

"A bill like this a century ago would have sent them in shoals to the common jail, and branded them with the outlawry of society.

"They now unite with their hereditary and still unreconciled adversaries to deny to others the claim they have so successfully vindicated for themselves, and to assist them in the effort to extinguish all forms of healing save their own.

"Society, however, does not forget, and it may, therefore, be pardoned if it sees in this fusion of the schools something beyond the philanthropic desire to protect the public health."

"The state (said Gov. Thomas) has no right to a medical opinion and should not dare to take sides in a medical controversy. It would be as consistent to take sides in the theological discussion. The one would be condemned by all men; the

other is equally foreign to the province of government. It may regulate but cannot prohibit the calling of the citizen; it may prevent the commission of wrongs, but cannot deprive the individual of the right to choose his own advisers."

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### Just So.

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In consequence of some remarks which we made about the evils of the examining board system as operated in the various states, we received a letter from Dr. George Lounsbury, the Homeopathic contingent on the West Virginia Board of Examiners.

We were glad to get this letter, because, though Dr. Lounsbury did not so intend it, we find that it furnishes a strong argument against the system at present in vogue.

The case referred to was that of a Homeopathic physician (we do not know his name) a graduate in medicine from a first class Eastern college, who at one time successfully passed the Pennsylvania State Board of Examiners, then, at a later period in his career, wishing to practice in West Virginia, he was required to stand an examination before that board and was rejected.

This is the case in a nut-shell, and we ask in good faith if such a system be not an abomination?

A graduate fresh from college can usually pass any of the boards, but as time goes by, while he is busy with the practice of medicine, he becomes less and less able to stand a technical examination on the things he learned in college. But is he any the less fitted to do the work of his profession? Certainly not.

It is probably true that not one member of the West Virginia Board (or any other board) could come to Colorado and pass the examination ordinarily given to senior students in any of the Denver medical colleges.

Put the shoe on the other foot, gentlemen, and see how it fits.

A system which requires a physician to be examined in

technicalities every time he goes from one State to another is radically wrong and violates every principle of fraternity.

Following is the letter. Read it and judge for yourselves:

"KYSERITE, Ulster Co., N. Y., Oct. 15th, 1900.

*"Editor The Critique:*

"DEAR SIR—My attention has been called to an article in your journal, page 315, of recent date, entitled "Just So," which is so outrageously unjust that I feel it my duty to put you in possession of the facts of the case. The West Virginia Board of Health was given the power to examine all applicants intending to practice in the State, by the legislature in 1895. I have been the Homeopathic Examiner for the Board since April meeting in 1896, and have attended every meeting when there were homeos to examine. In that time but one homeo has been rejected, and that one because his ratings were as follows:

Practice of Medicine.....	68%	Surgery.....	80%
Anatomy .....	74%	Obstetrics.....	60%
Physiology .....	67%	Materia Medica .....	87%
Chemistry.....	30%		

A total of 466 and an average of 66.47 per cent. In company with another member of the Board, I marked his paper on practice. He fell down on the diagnosis of scarlet fever and measles, and we gave him every point we could. I marked his paper on Materia Medica, and by request of some two or three members of the board, gave him every point I conscientiously could, that it might help him out on other branches, but the man evidently thought that, because he had passed the Pennsylvania Board, anything would do for the little State of West Virginia. All of the other papers were examined by two physicians, members of the board, and I am sure were fairly dealt with. Our old president on Chemistry was the most lenient man on the board, and see what he gave him. It may be that the old school would wipe out the homeos if they could, but I think you will agree with me that the West Virginia Board has not been guilty of any outrage such as you speak of in your article, and, in justice, should not be accused of it. It has come to me by two or three different ways that this man is posing as a homeopathic martyr, when the truth is that he was careless and did not try to pass, and now lays it upon the board. He could have come up again at any time within the year, and have been re-examined when, I've no doubt, he could have passed just as many old school appli-

cants have done. I send this to our Secretary of State Board to mail you, as I am *visiting*, and have not your address.

"Faternally yours,

"493 Quarrier St. "GEO. LOUNSBURY,  
Kanawha Co., West Virginia."

### License Boards Unconstitutional.

"The supreme court of Illinois has decided that the pharmacy act of 1899 is void. The act in question created a board of pharmacy, consisting of five members with a secretary. No person in the state could compound medicines or sell at retail drugs or medicines without a license from the state board. The act is declared to be invalid on the ground of discrimination.

The court says: "A law which thus invests any board or body of officials with discretion which is purely arbitrary and which may be exercised in the interests of a favored few, is invalid."

The sweeping decision regarding the board of pharmacy applies in principle to all regulations of law, by which the practice of trades, professions and arts is restricted to those who have obtained license from a board with arbitrary powers. There can hardly be any doubt that it applies to the medical practice act.

How the public looks upon the matter can be gathered from a passage taken from one of the Chicago dailies. It says: "The decision seems like a just interpretation of the constitution of the state, which is broadly democratic. It says that the legislature shall never grant to 'any corporation, association or individual any special or exclusive privileges, immunity or franchise whatever.'"—*Ex.*

Some Homeopaths have made the experiment, in cases where they deemed one remedy homeopathically suitable for one portion of the symptoms of a case of disease and a second for another portion, of administering both remedies at the same or almost at the same time; but I earnestly deprecate such a hazardous experiment, which can never be necessary, though it may sometimes seem to be of use.—*Hahnemann.*

## Blood Treatment of Haemoptysis.

(By T. J. Biggs, M. D., Stamford, Conn.)—E. C—, aged 29, American; admitted January 6th, 1900; diagnosis, hæmoptysis. The patient gave the following history: Within the last three years she had been spitting blood, which would occur constantly. Sometimes it was preceded by epistaxis, cardiac palpitation and some difficult breathing, but she said it usually began with warmth under the sternum, tickling in the throat and a sweetish taste in the mouth, upon attempting to remove which by the act of coughing, a warm, saltish, bright-red liquid gushed from the mouth and nose. As near as I could tell, the quantity would vary from an ounce to a pint. She said that whenever this bleeding occurred it depressed her terribly, and often she would have attacks of fainting. The attacks, she said, would last from half an hour to sometimes several hours, sometimes returning for several days. In the meantime the expectoration would be either bloody or streaked with blood. When I first saw her there was a slight febrile reaction with some chest pains. The patient was very anæmic, highly neurotic and suffered considerably from gastric and intestinal indigestion. On auscultation, I found coarse, bubbling rales in the circumscribed portions of the chest. The patient was put to bed, bowels regulated and a teaspoonful of Bovinine ordered every hour, to be given in old port wine, alternating with peptonized milk. On January 9th the patient said she felt stronger. The Bovinine was increased to two teaspoonfuls every hour. On January 13th she had a slight hæmorrhage of about half an ounce. This seemed to upset her, but on the morning of the 14th she was again feeling stronger. The Bovinine was now increased to a tablespoonful every two hours. January 22nd the Bovinine was increased to a wineglassful every three hours. At this time an examination of her chest showed her lungs to be normal. The febrile condition had disappeared as well as the gastral and intestinal indigestion; the bowels were regular, the patient had a good color in her face, and said she felt stronger and better than she had for years. January 30th she was discharged, having previously been instructed to report again in two weeks. The rapid recovery made in this case is certainly remarkable, and under no other treatment ever employed by me in this condition have I been able to secure so complete results.

What right has any firm, whose business is to furnish the physician with his principal weapons, to place upon the market pharmaceutical preparations of unknown medicinal value?

Should we not expect, yes, even demand, that the producer of fluid extracts make his products conform to some standard of excellence—that he shall indicate what effects his fluid extracts may be expected to have ere he sends them forth from his laboratory?

It has been shown that even drugs selected with care vary most extraordinarily in their percentage of active principles. Witness, for example, this statement by the editor of a leading pharmaceutical journal who knows whereof he speaks:

Bulletin of Pharmacy, January, 1899.

"Professor Puckner assayed nineteen samples of belladonna leaves procured, mind you, from dealers who were told that only the best was wanted, and that purchase would depend upon the results of assay. He found these nineteen samples to range in alkaloidal content from .01 to .51 per cent! The strongest sample fifty-one times as strong as the weakest."

The most careful treatment of such drugs, with the choicest menstrua, and by the most approved process, will yield preparations that may be fair to look upon, but in medicinal value they will vary just as much as the crude drugs from which they are made. The compensatory remedy for this unfortunate condition is standardization—chemical standardization when practicable, and when that method is inadmissible, as it often is, physiological standardization.

It has been found that certain important drugs cannot be assayed chemically, as their medicinal virtues reside in unstable bodies, and these are readily decomposed in the analytical processes. For this reason the strength of such powerful and useful drugs as digitalis, aconite, convallaria, strophanthus, ergot, cannabis Indica and many others cannot be determined satisfactorily by the analytical chemist. However the problem which proved to be an insurmountable difficulty to the chemist, was solved by the pharmacologist with ease. He tests upon living animals all drugs that cannot be assayed chemically. Dogs, rabbits, fowls and guinea-pigs receive doses of the preparations under examination. Accurate observations of their physiologic effects are made, variations are noted and corrected, until the preparations correspond in medicinal strength with the adopted standard extracts.

Formerly the physician was obliged to make his own physiologic tests of ergot, digitalis and so on; not upon dogs and guinea-pigs, however, but upon his patients. The old way was to begin with small doses of powerful drugs and then to push them until the desired effect was produced. The new way is a much better one: it is safer for the patient, more satisfactory to the physician, and it is more scientific. Prompt results are assured,

for the physician knows just how much fluid extract of ergot, aconite or cannabis Indica he need include in his initial dose to secure a definite result.

The name of the greatest pharmaceutical manufacturing house in this country is so closely linked with the phrase, "drug standardization," that the mere mention of one suggests the other. Parke, Davis & Co. began years ago to manufacture a full line of standardized fluid extracts that are guaranteed to be of definite and uniform strength. More recently they devised and perfected methods for standardizing physiologically those important drugs that are incapable of analysis by chemical processes. Parke, Davis & Co. have done a great deal for the medical profession and for humanity, and standardization, more especially physiological standardization is one of their greatest achievements.

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### Notes and Personals.

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Dr. Wm. W. Van Baum announces, in the December "Hahnemannian Monthly," his retirement from the editorial chair of that splendid journal. Dr. Van Baum has been eminently successful in his editorial work, and his ready pen will be sadly missed in the journalistic field. Under his able direction the "Hahnemannian" has become one of the great periodicals of our school. Dr. Bartlett will succeed Dr. Van Baum as editor, January, 1901.

In his "After Surgery Had Done Its Best" letter to the "Homeopathic Recorder," Dr. T. F. Allen might have been less mysterious, and told us what that "other procedure" was.

Dr. W. A. Humphrey has moved to Toledo, Ohio, and has fitted up offices at 2235 Maplewood Avenue. We congratulate Dr. Humphrey in receiving the highest markings in the examination before the State Board of Medical Examiners of Ohio, according to a letter from Dr. Beebe, one of its examiners; this notwithstanding there were graduates from Jefferson and Bellvue who had taken the New York and Pennsylvania examinations. THE CRITIQUE wishes the Doctor success.

Drs. Z. B. Babbitt and F. H. Kirby, of Washington, are in Denver representing The Elmer Gates Hydromagnetic Separator. They are giving demonstrations with this separator at 1628 Broadway. All who are interested in a machine that separates the black sand from the sand by either the dry or wet process should call and examine the workings of this separator.

A new edition of "Sheldon Leavitt's Obstetrics" has been announced and is now due.

December 7th there were eighty cases of scarlet fever in Denver.

The Weltmer system of healing is but another name for suggestion, or a species of hypnotism.

Anesthesia by subarachnoid injections of cocain is now employed with success in the city and county hospitals of San Francisco.

Smallpox is said to be prevalent in some localities in Western Nebraska, but it is generally of so mild a type that no quarantine has been deemed necessary.

Drs. Smythe and Mastin, also Anderson and Tennant, are each putting in their office a Wagner's Mica Plate Static Machine, enabling them to do first-class X-ray work, and all that belongs to electro-therapeutics. Dr. Geo. E. Brown is also adding one of these machines to the equipment of his office.

Dr. Lillian Pollock of the Denver College, now engaged in practice in Denver, was recently elected Supreme Medical Examiner for the Independent Order of Maccabees, Western Jurisdiction. This is a fraternal insurance Order, organized in October, for the nine northwestern states.

The Corning-Bier system of Anesthesia by injecting cocain into the spinal cord, has recently been used in Denver for the first time, in two cases. One was the forcible straightening of an inflamed knee joint; the other was an operation requiring a "long incision." Both "were successful beyond the expectations of the surgeon."

In Detroit, Michigan, the Board of Health recently adopted a resolution requiring each physician to report all cases of tonsillitis coming under his care, so that a "medical inspector" may be sent by the Board "to see that the same is not diphtheria." According to "The Medical Counsellor" "the regulation will be more honored in the breach than in the observance."

Dr. W. A. Dewey, professor of materia medica and therapeutics in the homeopathic department of the University of Michigan, has been elected an honorary member of the Mexican Homeopathic Medical Society.

Mr. Adna Adams Treat, father of Mrs. Dr. N. G. Burnham, of Denver, died December 9, 1900, at the remarkable age of 103 years, eight months and one day. It has been claimed by some that the high altitude of Denver makes against prolonged life, but in this case Mr. Treat remained in good health and in full possession of his mental faculties up to the day of his death. He was the oldest Mason in the United States.

## Book Reviews.

**PRACTICAL HOMEOPATHIC THERAPEUTICS.**—By W. A. Dewey, M. D., Professor of Materia Medica in the University of Michigan Homeopathic Medical College; Member of the American Institute of Homeopathy, corresponding member of the British Homeopathic Medical Society, and of the Societe Francaise D'Homeopathie; Author of "Essentials of Homeopathic Materia Medica," etc., etc. Boericke and Tafel, Philadelphia, 1901. pp. 380. Price, cloth, \$2.50 net; by mail, \$2.70.

Nothing so well describes the character of this valuable work as the title "Practical Homeopathic Therapeutics," because it is so essentially practical in every sense of the word. It is also, we are glad to say, distinctively Homeopathic—something not so very common among our authors in these modern days, and therefore worthy of particular mention. The preface says, "*It differs from the works on the practice of medicine in that it is exclusively devoted to Homeopathy, and from works on Materia Medica, as it treats only of therapeutics.*"

Such a work from such a writer will at once arrest professional attention. It has recently been said that "What Homeopathy needs is more Homeopathy," and Dr. Dewey has fully met the conditions in this book. Without discussing the etiology, clinical history or pathology of diseases, he at once proceeds to their *Homeopathic* treatment, and this is done in such a masterly manner, and with such clear cut, comprehensive indications for his remedies, as to command every reader's admiration.

The arrangement is simple and especially adapted to quick and ready reference. For the youngest beginner and the oldest veteran in our ranks this work will be found equally valuable as a guide to pure Homeopathic therapeutics.

The book is handsomely bound and printed after the well known methods of Boericke & Tafel, and we take pleasure in recommending it to the whole profession.

**ENLARGED TONSILS CURED BY MEDICINE.**—By J. Compton Burnett, M. D., London, England. Boericke & Tafel, Publishers, Philadelphia. Price cloth, 60 cents, net; by mail, 65 cents.

The perusal of this little book will do many of our younger colleagues good in more ways than one. Dr. Burnett believes that the tonsils have an important function to perform in the human economy, and the first duty of the physician is to preserve them as fully as possible. He also teaches that, in the majority of cases of enlarged tonsils, well-directed homeopathic treatment is capable of restoring them to their normal condition and function.

Among the older homeopaths this is no new thing, and its truth has been demonstrated in thousands of cases. Among the younger fry, however, the opinion prevails that "the easiest way is the best way," and that the immediate removal of enlarged tonsils is scientific and legitimate on all occasions.

This latest brochure of Burnett contains many valuable hints, as do all of his works, and is well calculated to interest and instruct the careful reader.

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PHYSICIANS' VISITING LIST FOR 1901.—By Lindsay & Blakistons, with Special Memoranda; for twenty-five patients per day or week. Price, plain binding, 75 cents; leather cover, pocket and pencil, \$1.

This is by far the best visiting list on the market, it is so compact and so simply arranged. Publishers, P. Blakiston's Son & Company, Philadelphia, Pa.

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MANUAL OF THE DISEASES OF THE EYE.—For students and general practitioners, with 243 original illustrations, including twelve colored figures. By Charles H. May, M. D. Published by William Wood & Company, New York.

This book has 406 pages, and is divided into twenty-six chapters. The illustrations are, excepting those showing instruments, original. This book contains a full index, so that any subject can be found at once.

This is a book that every physician should have upon his table for quick, ready reference.

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## Things to Remember.

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### WHEN FATHER CARVES THE DUCK.

We all look on with anxious eyes  
 When father carves a duck.  
 And mother almost always sighs  
 When father carves a duck.  
 Then all of us prepare to rise  
 And hold our bibs before our eyes  
 And be prepared for some surprise  
 When father carves a duck.

He braces up and grabs a fork  
 Whene'er he carves a duck,  
 And won't allow a soul to talk  
 Until he's carved the duck.

The fork is jabbed into the sides,  
 Across the breast the knife he slides  
 While every careful person hides  
     From flying chunks of duck.

The platter's always sure to slip  
     When Father carves a duck ;  
 Oh, how it makes the dishes skip,  
     Potatoes fly amuck !

The peas and jelly leap in space,  
 We get some gravy in our face,  
 And father mutters Hindoo grace  
     Whene'er he carves a duck.

We then have learned to walk about  
     The dining room and pluck  
 From off the window sills and walls  
     Our share of father's duck,  
 While father growls and blows and jaws ;  
 He swears the knife was full of flaws,  
 But mother jeers at him because  
     He couldn't carve a duck to save his  
     soul from China.

—*Thomas S. Pemberton.*

Are you on pleasure or business bent through the mountains of Colorado ? Do you wish to visit the greatest mining camps in the United States, the finest mineral springs (of infinite variety), the most attractive resorts anywhere to be found ; and where the sportsman can hunt the lion, bear, elk, deer, antelope, and all the smaller game, and fish in more streams and catch larger trout than in any other state ? The Denver and Rio Grande railroad will take you to all of the above places in elegant cars. For particulars write to S. K. Hooper, G. P. & T. A., Denver, Colo.

Have you had a kindness shown ?

    Pass it on.

'Twas not given for you alone—

    Pass it on.

Let it travel down the years,

Let it wipe another's tears,

Till in heaven the deed appears—

    Pass it on.

—*Ex.*

The meanest business man is the one that takes advantage of the misfortune of his rival. No sooner had the M. J. Breitenbach Company's business burned, than a rival, who makes an imitation of Gude's Pepto-Mangan, sent circulars out to the trade, and

in a slighting way referred to its rivals "unethical methods" and referred to its own "ethical" virtues. All we have to say is keep your eye on hypocrites, and remember that "imitation is the sincerest form of flattery." The trade is being supplied with Gude's "Pepto-Mangan," notwithstanding their fire.

Pat was attending a Quaker meeting when a Quaker preacher read from the Psalms of David—

"I have married a wife——"

"The devil, ye have!" interrupted Pat.

After the sexton had quieted Pat the clergyman commenced again—

"I have married a wife. I have married a daughter of the Lord, and——"

"Arra do ye hear that now? Oh the spalpeen!" exclaimed Pat. "Begorra, if ye have married a daughter of the Lord it will be a long time before ye sees yer father-in-law."

HOMESEEKERS—On Nov. 21st and Dec. 12th the Colorado & Southern will sell round trip tickets to points in the Pecos Valley, New Mexico, at one cent a mile. Tickets limited to thirty days and allow of stop-overs on return trip. In the winter time you should take a trip to some of the many winter resorts in the south and southwest, and the best way to get there is via the Colorado and Southern. Rates to all winter resorts are extremely low. For particulars write T. E. Fisher, G. P. A., Denver, Colorado.

"He was very lazy, Mr. Perkins," said old Mrs. Jones. "I must say my first husband was a very lazy man."

"How lazy was he?" I asked.

"Well, he was so lazy, Eli, Mr. Jones was so lazy that he wouldn't stovel a path to the front gate."

"How did he get the path broken out?" I asked.

"O, he used to lay on the lounge and pinch the baby's ear with the nippers until the neighbors came rushing in to tread down the snow."

If in need of first-class printing, call upon John Dove, 1623 Curtis Street. THE CRITIQUE takes pride in recommending him to its readers in and out of the city. Compare THE CRITIQUE typographically with any similar publication and you will need no further proof of his ability to do artistic printing.

"What in thunder did you put in that glass of soda?" he gasped.

"Whiskey," replied the clerk, "You winked."

"I winked? My young friend, one of my eyes is made of glass. I'm a temperance apostle."—*New Idea.*



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Physicians remitting 50 cents will receive one complimentary sample of each, "Hydrozone" and "Glycozone."

**Hydrozone** is put up only in extra small, small, medium and large size bottles bearing a red label, white letters, gold and blue border, with my signature.

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**COLORADO CARLSBAD.**

"Rooney, why do you allow the pig to sleep in the same room with you and your wife?" asked a traveler of an Irish peasant.

"An' why not, mon? Doesn't the room afford every convenience that a pig can require?"

"Time but the impression stronger makes, as streams their channels deeper wear;" so it is with a medicine that has stood the test of time and experience of thirty years. Such is the record of Syrup Hypopsosphites (Fellows). Useful in all cases of neurasthenia, bronchitis, influenza, and during convalescence after exhausting diseases.

"How comes it these boots are not of the same length?" was asked of the Irish hotel porter.

"I raly don't know, sir; but what bothers me the most is that the pair down stairs are in the same fix."

The use of Dr. Puy's Adjustable Fiber Splints prevents mal-practice suits, also "kicking." These splints are light and durable, will last a life time. Write for pamphlet of information to The Geo. L. Warren Co., Niles, Michigan.

In Michigan they assess a dog one dollar for being a dog. In Tennessee they assess a man fifty cents for being a doctor. It costs half a dollar more to be a dog in Michigan than a doctor in Tennessee. Don't be a dog.—*Ph. Era.*

Dr. F. E. May, M. D., Bloomington, Ill., will tell you how to cure goitre. Enclose a 2 cent stamp for particulars.

The other day a young African asked us if it was "agin de law" to change his name. We replied that if he had a good name, he had better keep it, as a good name was the one thing to be desired in this world.

"John Henry," said his wife, with stony severity, "I saw you coming out of a saloon this afternoon."

"Well, madam," replied the obdurate John, "you wouldn't have me stay in there all day, would you?"

GIVEN'S SANITARIUM, STAMFORD HALL, STAMFORD, CONN.—Is a Homeopathic Sanitarium for the care and treatment of Mental and Nervous Diseases: Opium and Alcoholic Habitués. It is under the management of Dr. Amos J. Givens, formerly Interné at "The State Homeopathic Insane Hospital" at Middleton, New York, and later Assistant Physician at "The Westborough Insane Hospital," in Massachusetts. Write for terms and other particulars.

An Austin lady gave her husband a tea made of bird seed instead of flax seed as ordered by his physician. She discovered

her mistake only after the poor man commenced to sing. The effect did not wear off until morning.—*Therapy.*

Hydrozone is the most powerful antiseptic and pus destroyer. Harmless stimulant to healthy granulations. Glycozone is the most powerful healing agent known. To be sure to obtain these goods, specify Charles Marchand when ordering.

A man, who was sentenced to be hung, was visited by his wife, who said: "My dear, would you like the children to see you executed?"

"No," replied he.

"That's just like you," said she, you never wanted the children to have any enjoyment."

Bromidia is a rest-maker for restlessness. It is a hypnotic, hence it gives constant nerve rest. Battle & Co., St. Louis, Mo.

The cobbler tossed the doctor's shoes  
Unmended on the shelf.

"I will not do the job," he said;

"For in the Scriptures I have read,  
'Physician, *heel* thyself.'"

Colorado Carlsbad water is taken from the bowels of the earth in the State of Colorado, and has like action and contains similar constituents to the waters of Carlsbad, Bohemia. Write or phone to local office, 437 Sixteenth Street, Denver, Colo., for information.

Angry wife (time 2 A. M.)—Is that you, Charles?

Jolly husband—Zash are!

Angry wife—Here have I been standing at the head of the stairs these two hours. Oh! Charles, how *can* you?

Jolly husband (bracing up) Shtandin' on your head on t' shtairs! Jennie, I'm shprized! How *can* I? By Jove, I *can't*! Two hours, too! 'Strornary woman!

That John F. Barker manufactures medical batteries and attachments, electric bells, motors and supplies, and all kinds of repairing. 1515 California Street, Denver, Colo.

"Pat, what's the reason they didn't put a hin up there instead of a rooster?" asked one Irishman of another, pointing to the weather vane on a barn.

"An' sure," replied Pat, "that's aisy enough;" don't you see, it would be inconvanient to go for the eggs."

The phosphates of Iron, Soda, Lime and Potash, dissolved in an excess of Phosphoric Acid, is a valuable combination to prescribe in Nervous Exhaustion, General Debility, etc. Robinson's Phosphoric Elixir is an elegant solution of these chemicals. (See page 12,)











